



UHC

UNIVERSAL HEALTH CARE

MEDIUM TERM EXPENDITURE PROGRAM

2020-2023

*A Multi-Year Spending Plan for
the Department of Health*



UPDATE for FY 2021 Budget Preparation

Developed by the
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TABLE OF CONTENTS

PREFACE	8
CHAPTER 1: BACKGROUND	8
Updates on Universal Health Care (UHC) Act of 2019 Implementation	8
Supreme Court Ruling on the Mandanas Case	10
COVID-19 Situation	11
CHAPTER 2: RESOURCES IN THE HEALTH SECTOR	12
Sources of UHC Funds	12
Estimated Fiscal Space	12
Department of Health Budget Trend	14
Absorptive Capacity	15
CHAPTER 3: METHODOLOGY	17
CHAPTER 4: BUDGET SCENARIOS	22
Scenario 1: Status Quo (Low Cost Estimate)	22
General Assumptions Used in Scenarios 2, 3, and 4	24
Scenario 2: Non-Mandanas Scenario with UHC Implementation (High Cost Estimate)	29
Scenario 3: Mandanas Implementation in UHC Integration Sites (Modified Cost Estimate)	41
Scenario 4: Mandanas Implementation Nationwide (Alternate Cost Estimate)	46
CHAPTER 5: ESTIMATED RESOURCE GAPS AND WAYS FORWARD	51
Resource Gap	51
Ways Forward	52
ANNEXES	54
Annex A. List of Policies by UHC Act Chapters and its Status	55
Annex B: Scenario 1 (Tier 1) UHC MTEP Distribution per P/A/P and by Tier	62
Annex C: Scenario 2 (Non-Mandanas) UHC MTEP Distribution per P/A/P and by Tier	66
Annex D: Scenario 3 (Mandanas in UHC-IS) UHC MTEP Distribution per P/A/P and by Tier	70
Annex E: Scenario 4 (Mandanas Nationwide) UHC MTEP Distribution per P/A/P and by Tier	74

List of Tables

Table 1.	Estimated Fiscal Space for Health, Amount in Billion PhP, CY 2020-2023	13
Table 2.	DOH-OSEC Financial Performance in CY 2019, Amount in Billion PhP	16
Table 3.	Assumption in the Target Number of UHC-IS, 2020-2025	18
Table 4.	Summary of Costs in Scenario 1 (NEP Level), Amount in Billion PhP	23
Table 5.	Summary of LGU Grants/Incentives under Scenarios 2,3 and 4 for UHC Integration Sites, by P/A/P, Amount in Million PhP	25
Table 6.	Unit Cost per Facility Type	27
Table 7.	Summary of Primary Care Facility Gaps and Cost per Scenario	27
Table 8.	Summary of Level 1 to 3 Hospital Bed Gaps and Cost per Category	28
Table 9.	Summary of Estimated UHC Cost in Non-Mandanas Scenario, by Tier, Amount in Billion PhP	29
Table 10.	Breakdown of UHC Cost Items in Non-Mandanas Scenario, PhilHealth Premium Subsidy	31
Table 11.	Breakdown of UHC Cost Items in Non-Mandanas Scenario, Agency Specific Budget, Amount in Billion PhP	32
Table 12.	Breakdown of the UHC Cost Items in Non-Mandanas Scenario, under Organizational Outcome 1, Amount in Billion PhP	33
Table 13.	Breakdown of the UHC Cost Items in Non-Mandanas Scenario, under Organizational Outcome 2, Amount in Billion PhP	38
Table 14.	Breakdown of the UHC Cost Items in Non-Mandanas Scenario, under Organizational Outcome 3, Amount in Billion PhP	40
Table 15.	Breakdown of the UHC Cost Items in Non-Mandanas Scenario, under Organizational Outcome 4, Amount in Billion PhP	41
Table 16.	Summary of Estimated UHC Cost in the Mandanas Scenario in UHC Integration Sites, by Tier, Amount in Billion PhP	42
Table 17.	Breakdown of UHC Cost Items in Mandanas Scenario in UHC Integration Sites, under Organizational Outcome 1, Amount in Billion PhP	44
Table 18.	Summary of Estimated UHC Cost in the Nationwide Implementation of Mandanas Case Ruling, by Tier, Amount in Billion PhP	46
Table 19.	Breakdown of UHC Cost Items in Nationwide Mandanas Scenario, under Organizational Outcome 1, Amount in Billion PhP	49
Table 20.	Summary of UHC MTEP Requirements, in Billion PhP, CY 2020-2023	50
Table 21.	Forward Plans on COVID-19	53

List of Figures

Figure 1.	Budget Trend of DOH-OSEC & PhilHealth, Amount in Billion PhP, GAA 2010 - NEP 2021	14
Figure 2.	DOH-OSEC Budget Utilization Trend from 2015-2019	15
Figure 3.	Summary of UHC Requirements for CY 2020-2023	51

List of Acronyms

ADB	Asian Development Bank
BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
BHAO	Bayanihan to Heal As One
BHS	Barangay Health Station
BIR	Bureau of Internal Revenue
BOC	Bureau of Customs
BOQ	Bureau of Quarantine
CHD	Center for Health Development
CO	Capital Outlay
COVID	Coronavirus Disease
CY	Calendar Year
DATRC	Drug Abuse Treatment and Rehabilitation Center
DBCC	Development Budget Coordination Committee
DBM	Department of Budget and Management
DILG	Department of Interior and Local Government
DOF	Department of Finance
DOH	Department of Health
F1	FOURmula One
FAPs	Foreign Assisted Projects
FDA	Food Drug Administration
FICT	Field Implementation and Coordination Team
HFEP	Health Facility Enhancement Program
HFSRB	Health Facilities and Services Regulatory Board
HRH	Human Resources for Health
HTAC	Health Technology Assessment Council
HUC	Highly Urbanized City
ICC	Independent Component City
IRR	Implementing Rules and Regulations
ISSP	Information Systems Strategic Plan
IRA	Internal Revenue Allotment
IT	Information Technology
GAA	General Appropriations Act
GIDA	Geographically Isolated and Disadvantaged Areas
LCE	Local Chief Executive

LHSDA	Local Health System Development Assistance
LGU	Local Government Unit
MAIP	Medical Assistance for Indigent Patients
MOOE	Maintenance and Other Operating Expenses
MOU	Memorandum of Understanding
MTEP	Medium term expenditure program
NBM	National Budget Memorandum
NCR	National Capital Region
NEDA-ICC	National Economic Development Authority - Investment Coordination Committee
NEP	National Expenditure Plan
NIP	National Immunization Program
NVBSP	National Voluntary Blood Services Program
OSEC	Office of the Secretary
P/A/P	Program/Activities/Project
PAGCOR	Philippine Amusement and Gaming Corporation
PCSO	Philippine Charity Sweepstakes Office
PHA	Public Health Associate
PHFDP	Philippine Health Facility Development Plan
PhilHealth	Philippine Health Insurance Corporation, Inc.
PPE	Personal Protective Equipment
PRC	Professional Regulation Commission
PS	Personnel Services
RHU	Rural Health Unit
SAGF	Special Accounts in the General Fund
SARO	Special Allotment Release Order
SC	Supreme Court
SSL	Salary Standardization Law
TB-DOTS	Tuberculosis-Directly Observed Treatment Short-Course
UHC	Universal Health Care
UHC - IS	Universal Health Care - Integration Site
WB	World Bank
WHO	World Health Organization

PREFACE



This Universal Health Care (UHC) Medium Term Expenditure Program (MTEP) of the Department of Health (DOH) and the Philippine Health Insurance Corporation, Inc. (PhilHealth) is a multi-year spending plan covering the years 2020-2023, which is updated annually. It features the estimated budgetary requirements for the attainment of *FOURmula One* (F1) Plus for Health goals and objectives through the implementation of the UHC Act of 2019 and its Implementing Rules and Regulations (IRR). The MTEP process development involved fiscal space estimation for health and budgetary requirements using the two-tier budgeting approach under different scenarios. In consideration of the Supreme Court ruling on the Mandanas case and the UHC Act implementation, this MTEP explores four different scenarios, namely: Status Quo (Scenario 1), Non-Mandanas Scenario with UHC Act Implementation (Scenario 2), Mandanas Implementation in UHC Integration Sites only (Scenario 3), and, Mandanas Implementation Nationwide (Scenario 4). This reference is intended for use in the budget preparation for fiscal years 2021-2023 and for consideration of the Development Budget Coordination Committee (DBCC) in funding UHC Act implementation.

CHAPTER 1: BACKGROUND

Updates on Universal Health Care (UHC) Act of 2019 Implementation

The enactment of Republic Act (RA) 11223 or the Universal Health Care (UHC) Act last February 20, 2019 marked one of the biggest milestones in the history of the Philippine health sector. The development of its implementing rules and regulation (IRR) was spearheaded by the DOH through a series of workshops, roundtable discussions, and consultations from March to October 2019. The UHC Act IRR was signed by the Secretary of Health on October 10, 2019, which commenced the conduct of various preparatory activities and jumpstarted the implementation of the UHC Act.

The UHC Act and its IRR aims to ensure that every Filipino has equitable access to quality and affordable health care goods and services without facing financial hardships. This can be done through the progressive realization of UHC in the country through a systemic approach and clear delineation of roles of key agencies and stakeholders towards better performance in the health system.

Within one year after the signing of the IRR, the following activities were conducted and plotted out to accelerate the UHC Act implementation:



A. Dissemination of the UHC Act and its IRR in various fora such as the UHC Act Orientation in the House of Representatives last November 13, 2019, the 6th National Health Sector Meeting last December 8-10, 2019, and the National Health Research Forum attended by the academe and research partners held last January 22-24, 2020. In addition, regional fora were conducted for the Local Government Units (LGUs) and other stakeholders by the DOH Centers for Health Development (CHDs) like the *Am-among for Health* in the Cordillera last December 5 - 6, 2019.

B. Development of the UHC Policy Agenda, which serves as the policy roadmap of the DOH. It contains the list of operational guidelines that will be relevant to stakeholders under the UHC regime. These guidelines will be crafted by the pertinent DOH and PhilHealth units in coordination with other government agencies such as, but not limited to, the Department of the Interior and Local Government (DILG), Professional Regulation Commission (PRC), Department of Budget and Management (DBM), and Department of Finance (DOF). The UHC policy agenda is divided into policy themes namely: organization of the local health system; establishment of the primary care provider networks; service delivery packages; financing; governance; regulation; and performance accountability. Each policy theme contains a set of interrelated and complementary policies.

The DOH is currently prioritizing the development of policies on the organization of local health systems and establishment of primary care provider networks. These policies provide the necessary foundation, systems, and mechanisms in achieving a primary care-oriented health care system for each Filipino. In parallel, policies from the rest of the themes are also developed early to complement the implementation of the priority policies.

As of December 12, 2020, there are 59 policies listed in the UHC Policy Agenda. Of the 40 approved policies, 25 are published/posted in a national newspaper/DOH intranet while 15 have been approved by the EXECOM and for signing. Nineteen draft policies are yet to be approved and finalized by the DOH Executive Committee and partner agencies. (*Refer to **Annex A** for the complete list of policies under each UHC Act Chapters and their corresponding status*);

C. Submission of the Proposed Staffing Requirements of the following new offices to the Department of Budget and Management (DBM) such as the Health Promotion Bureau (formerly known as Health Promotion and Communication Services) and Performance Monitoring and Strategy Management Division (formerly known as Office for Strategic Management); new committee such as the HTAC Secretariat, and, expansion of the Health Facilities and Services Regulatory Bureau, and Epidemiology Bureau.

D. Preparation of the UHC Integration Sites (UHC-IS) by the Field Implementation and Coordination Team (FICT) through the CHDs. UHC integration sites are LGUs that have informed the DOH of their intent to integrate into province-wide or city-wide health systems. They shall be provided by the national government with technical and financial support, in addition to support regularly provided, within the first six years from the enactment of the IRR. As of December 3, 2020, 58 LGUs (9 HUC/ICC, 49 Provinces) have committed to integrate through letters of intent, with 23 thereof formalizing such initiatives through Memoranda of Understanding (MOUs) with the DOH. To support the UHC-IS, technical assistance for both preparatory and organization activities were provided in close coordination with the FICT and CHDs. Currently, CHDs are assisting UHC-IS in forming local UHC Project Management

Teams, which will be responsible for localizing UHC implementation and integration reforms. Financial assistance has been provided for the hiring of additional UHC-IS support staff through the Local Health Systems and Development Assistance (LHSDA) budget line item of the 2020 GAA.

In May 2020, a guideline was released to provide general procedures and mechanisms by which LGUs and other stakeholders can integrate local health systems into Provincial/City Wide Health System (P/CWHS). This was followed by Local Health Systems Maturity Levels (LHS ML) Monitoring Tool that was released on October 30, 2020 to facilitate the assessment and monitoring of the progress

of health systems integration. Assessment, validation, and analysis of the maturity levels of UHC is targeted to be finalized on January 15, 2021. This will be the basis for technical assistance to the UHC-IS.

In 2019, capacity building on strategic planning towards local health systems integration was conducted for local health system planners and managers. Funds were also sub-allotted for the hiring of Development Management Officers (DMOs) who would assist UHC-IS and conduct UHC-related governance and communication activities. The target is for the UHC-IS to exhibit managerial integration in the first three years and financial integration in the succeeding three years.

Supreme Court Ruling on the Mandanas Case

The Mandanas case ruling is based on a petition filed in court by Governor Hermilando Mandanas of Batangas, other LGU officials, and Congressman Garcia of Bataan. They challenged the basis of the internal revenue allotment (IRA) computation under the Local Government Code. They claimed that it is unconstitutional and inconsistent with the 1987 Constitution, which stipulated that LGUs should have a just share in the national taxes (Article X, Section 6). Under the Local Government Code, only national internal revenue taxes are used as the basis for the computation of the LGUs' share. Governor Mandanas et.al. averred that national internal revenue taxes are more restrictive than national taxes, and that it unduly deprives LGUs of their just share.

The Supreme Court (SC) ruled in favor of Governor Mandanas et.al. It opined that the basis for the just share of LGUs must include all national taxes and not just national internal revenue taxes. Therefore, the computations for

IRA ought to consider customs duties and other taxes. The final SC ruling, which was issued on June 10, 2019, shall have a prospective application. Therefore, no arrears since 1992 will be paid to the LGUs; however, the adjusted allotment will be given to LGUs starting with the 2020 budget cycle.

The DBM recommends the National Government Agencies to gradually redevolve services to LGUs. By 2022, LGUs must be able to fully provide the devolved services. The 2021 Budget Priorities Framework¹ states that, as a transition, agency programs shall be reviewed, reduced by at least half in the aggregate, and devolved to LGUs that are evaluated to have sufficient resources and capacities. Agencies implementing functions and services for devolution shall include the funding requirements for capacitating their agencies and the LGUs to deliver the devolved services under agency supervision and/or monitoring.

1 National Budget Memorandum No. 136

COVID-19 Situation

The Philippines was not spared with the spread of the Coronavirus (COVID-19) that took countries by surprise. The proliferation of the COVID-19 tested and posed a big challenge to pandemic response and health system resilience to many countries worldwide. It has impacted not only the country's health system but its economy as well.

This started with a cluster of pneumonia cases of unknown etiology in December 2018 in Wuhan, China. The Philippines reported its first case on January 30, 2020 which is the same day that the World Health Organization (WHO) declared the COVID-19 outbreak as a Public Health Emergency of International Concern and announced eventually as a Global Pandemic on March 11, 2020. The country had its first local transmission confirmed on March 7, 2020 and a "state of public health emergency" was declared throughout the Philippines on March 8, 2020.

Community quarantine measures were implemented in the country to prevent further spread of the disease. Such measures also enabled the health system to increase its capacity in order to handle surge of cases. All government agencies, LGUs and the private sector were directed to provide full assistance and cooperation, and to mobilize necessary resources in order to undertake critical, urgent and appropriate response and measures for the prevention of further COVID-19 spread in the country.

According to the WHO, as of June 30, 2020, the Philippines remains in Stage 2 or localized community transmission. Data then indicated an increasing trend and likely higher transmission in the National Capital Region (NCR), with evidence of cases exported from this region to other areas with lower levels of transmission. As of December 21, 2020, a total of 461,505 confirmed COVID-19 cases, including 8,957 deaths, was reported in the Philippines.

In the absence of a specific treatment or vaccine, the country's capacity to respond to the pandemic is being tested. It requires a coordinated whole-of-nation approach in tackling the public health threat. This current situation also highlights the importance of health system resilience. The capacity of the health system in the country to prepare for and adapt to crisis, and be able to continue the delivery of essential health services is important as it indicates a responsive and effective health care system, which is also the goal of UHC. The "new normal" and minimum health systems capacity standards will be observed and incorporated in plans and proposals, which include enhanced capacity of the government to manage multi-dimensional risks arising from public health emergencies, increased health system capacity to respond to pandemic, increased demand for health-related technologies and innovations, increased dependence on e-commerce and digital technology, among others.

CHAPTER 2: RESOURCES IN THE HEALTH SECTOR

Source of UHC Funds

Section 37 of the UHC Act specifies the appropriations measures for the implementation of the said law. Below are the identified budget sources for the UHC implementation:

Total incremental sin tax collections as provided for in RA 10351. In addition, mandated earmarks as provided for in RA Nos. 7171 and 8240 shall be retained;

- Fifty percent (50%) of the National Government share from the income of Philippine Amusement and Gaming Corporation (PAGCOR);
- Forty percent (40%) of the Charity Fund, net of Documentary Stamp Tax Payments, and mandatory contributions of Philippine Charity Sweepstakes Office (PCSO);
- Premium contributions of members;
- Annual appropriations of the DOH included in the GAA; and,
- National Government subsidy to PhilHealth included in the GAA.

Estimated Fiscal Space

For 2021, the Department of Budget and Management computed that the total budget for the National Government is pegged at PhP 4.506 trillion, which is 9.9 percent higher than the PhP 4.10 trillion budget in 2020. Of this, around 40.7 percent or PhP 1.76 trillion is allocated for on-going programs and projects under Tier 1. Automatic appropriations and special purpose funds will account for another 39.8 percent or PhP 1.72 trillion. This leaves a fiscal space of 19.5 percent or PhP 0.84 trillion for expanded and new programs and projects under Tier 2 for all agencies. The total budget for CY 2021 can only increase by 5.7 percent from the 2020 level as indicated in the National Budget Memorandum (NBM) No. 136. Due to limited fiscal space, there will be focus on prioritization of health care and food production, discontinuance of programs no longer in line with the “new normal,” and review/reprioritization of Tier 1 budget allocations.

The estimated total fiscal space for health is **PhP 896.36 billion** in CY 2020-2023. Majority of it comes from the projected earmarked funds for health from sin tax collections (*Refer to Table 1 for the complete breakdown of the estimated fiscal space from the various sources of funds*).

Table 1. Estimated Fiscal Space for Health, Amount in Billion Php, CY 2020-2023

Funding Source	2020	2021	2022	2023
DOH-OSEC and PhilHealth Baseline Budget ²	53.23	53.23	53.23	53.23
2019 sin tax incremental revenue for health based on RA 10351 ³	93.57	33.49 ⁴	Repealed	Repealed
Projected sin tax collections based on new sin tax laws: RA 11346 and RA 11467	N/A	N/A	137.07 (COVID-adjusted)	217.03 (COVID-adjusted)
DOH-OSEC and PhilHealth Natural Increase or Counterpart Funding from National Government	25.12 ⁵	111.92 ⁶	⁻⁷	⁻⁷
PAGCOR ⁸	17.73 (Actual)	7.09 (Projected)	12.40 (Projected)	13.98 (Projected)
PCSO ⁹	3.00	3.70*	3.70*	3.70*
TOTAL	192.65	209.43	206.37	287.91

*Pending COVID-adjusted PCSO medium-term projections

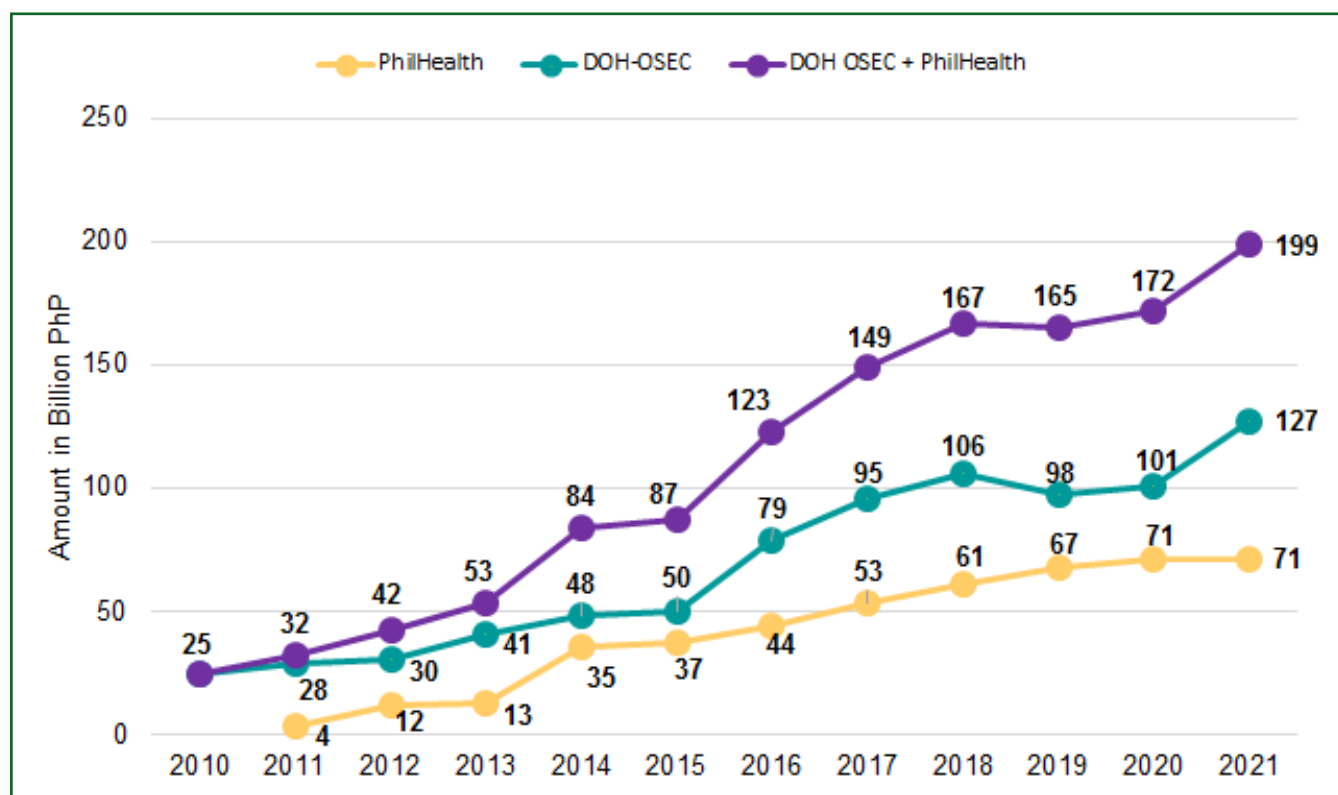
- 2 2013 Baseline Budget of DOH-OSEC (Php40.60B) and PhilHealth (Php 12.63B) prior to RA 10351
- 3 Formula: (Preceding Year's Actual Sin Tax Incremental Revenue for Health less LGU shares *minus* Preceding Year's Projected) *plus* Current Year's Projected Sin Tax Incremental Revenue for Health less LGU shares
- 4 Based on DOF: For the 2021 budget, computations for earmarked funds for health are based on the surplus of the 2019 actual sin tax incremental revenue for health and the 2019 projected as it is a transition year given that there are new and different earmarking provisions under RA 11346 and RA 11467
- 5 DOH-OSEC (100.56B 2020 GAA) and PhilHealth (71.35 2020 GAA); Formula = (2020 GAA – Baseline + Sin tax incremental for health)
- 6 DOH-OSEC (127.29B 2021 NEP) and PhilHealth (71.35 2021 NEP); Formula = (2021 NEP – Baseline + Sin tax incremental for health)
- 7 No basis yet for 2022 and 2023 natural increase
- 8 50% of the NG share from income of PAGCOR (Source: PAGCOR COVID-Adjusted Projections as of September 3, 2020; Funds raised from this shall be transferred to PhilHealth at the end of each quarter (Section 37 of the UHC Act)
- 9 50% of the 40% of the charity fund for the first two years per the UHC Act Sec. 41 (j); Funds raised for this purpose shall be transferred to PhilHealth at the end of each quarter (Section 37 of the UHC Act)

Department of Health Budget Trend

Figure 1 shows the trend of the budget appropriated for the DOH - Office of the Secretary (DOH-OSEC) and PhilHealth from GAA 2010 to NEP 2021. DOH-OSEC refers to Central Office, Regional Offices/Centers for Health Development, DOH-retained Hospitals, Drug Abuse Treatment and Rehabilitation Centers, Blood Centers, National and Subnational Reference Laboratories and Other DOH Health Facilities, excluding Government-Owned and Controlled Corporations (GOCC) and Attached Agencies. In this document, DOH-OSEC may be

used interchangeably with DOH. Since 2014, the budget of both DOH-OSEC and PhilHealth have significantly increased due to the ratification of the RA 10351 or the Sin Tax Reform Act of 2012. They earmarked an estimated 85 percent of the collected incremental sin tax revenues for health. Beginning 2019, the DOH-OSEC budget decreased by 8 percent due to the shift of the government to a cash-based budgeting system, which limits the contractual obligation and disbursement of payments for goods and services within one fiscal year.

Figure 1. Budget Trend of DOH-OSEC¹⁰ + PhilHealth, Amount in Billion PhP, GAA 2010 - NEP 2021



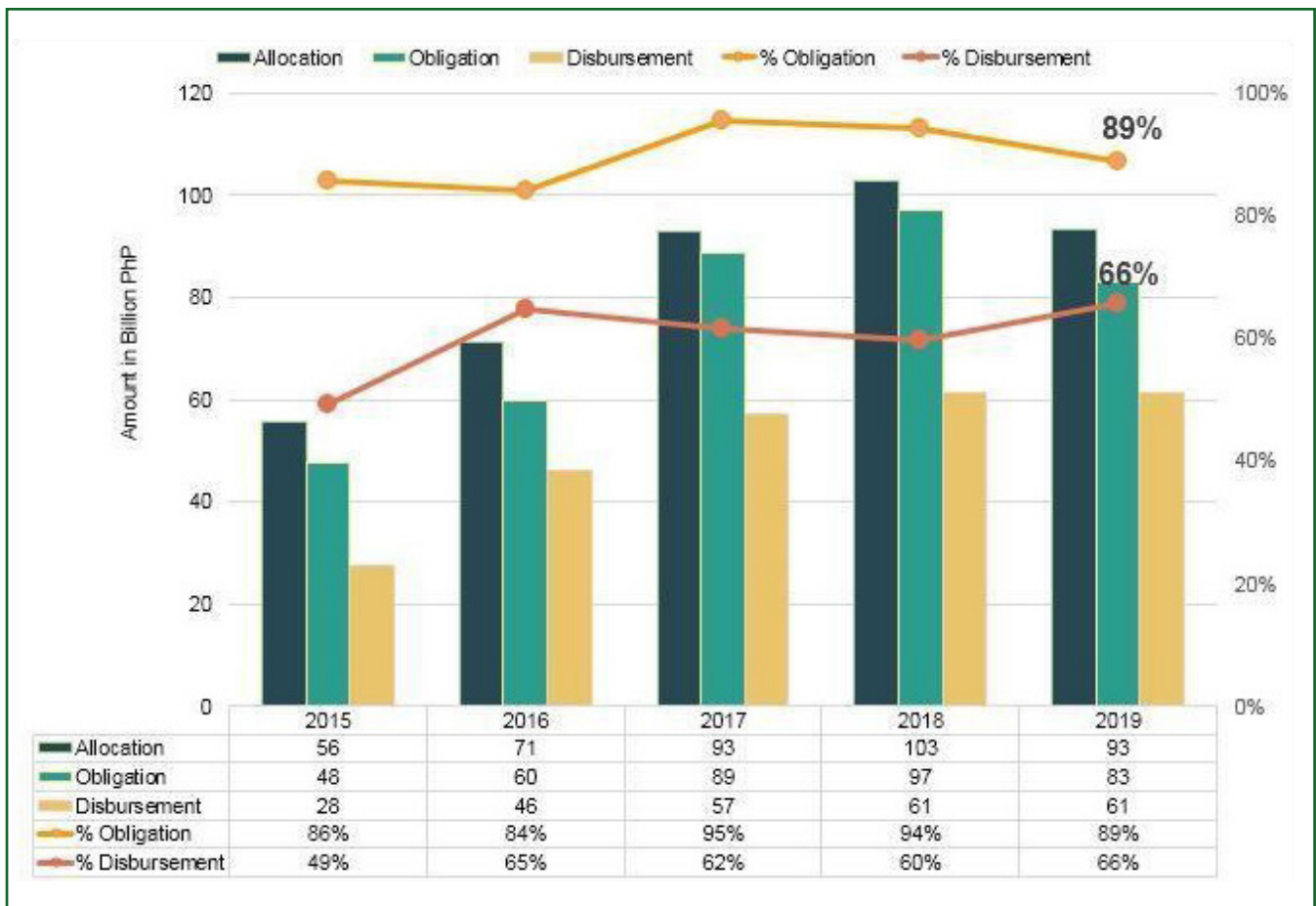
10 Exclusive of RLIP, SAGF and Franchise Tax

In the 2021 NEP, the DOH-OSEC and PhilHealth budget amounts to **PhP 198.64 billion**, which is 16 percent higher than the 2020 appropriations. Out of this, more than half (64 percent) or **PhP 127.29 billion** is allocated to the DOH-OSEC; while, 36 percent or **PhP 71.35 billion** goes to the premium subsidies of the National Health Insurance Program under PhilHealth. This is mainly due to the increase in the allocation for the Human Resources for Health Deployment Program from PhP 9.95 billion¹¹ in 2020 to PhP 16.6 billion in 2021 and the PhP 17.3 billion allocation in 2021 from the PhP 10.5 billion in 2020 under the Medical Assistance to Indigent Patients Program of the Department.

Absorptive Capacity

Based on the five-year analysis of the utilization¹² of the Department from 2015 to 2019, its average obligation rate or the percentage of obligation over allotment is 90 percent. However, in terms of disbursement rate or the percentage of disbursement over allotment, the average for 5 years is 60 percent. Budget utilization trend is shown in Figure 2 below.

Figure 2. DOH-OSEC Budget Utilization Trend from 2015-2019



11 Amount is exclusive of the PhP 9.33 billion PS from MPBF (Miscellaneous Personnel Benefit Fund). Thus, the total of the 2020 appropriation for HRH deployment amounted to PhP 19.28 billion, which was sourced from both the regular budget line item and MPBF

12 Obligation and Disbursement Rates at the end of each calendar year, i.e. December 31.

In 2019, the DOH-OSEC was able to obligate 89 percent of the total allotted budget¹³, which is equivalent to PhP 82.88 billion out of the allotted budget of PhP 93.15 billion. In terms of

disbursement, it is at 66 percent or PhP 61.20 billion of the PhP 93.15 billion allotment. The utilization per expense class is shown in Table 2.

Table 2. DOH-OSEC Financial Performance in CY 2019, Amount in Billion PhP

Expense Class	Allotment	Obligation		Disbursement	
		Amount	%	Amount	%
PS	40.18	39.89	99	39.32	98
MOOE	36.42	30.65	84	19.54	54
CO	16.55	12.33	75	2.34	14
TOTAL	93.15	82.88	89	61.20	66

Source: DOH Financial Utilization Report for CY 2019, as of December 31, 2019

The following strategies have been undertaken in order to improve the absorptive capacity of the Department despite challenges brought by the COVID-19 pandemic and discontinuance of certain activities due to the new normal:

- Health Facilities Enhancement Program - Fast tracking of the procurement process (online is one option); inviting more local bidders; close monitoring and follow-up of implementing units; and. ensuring proposed projects are implementation ready and validated by CHDs;
- Human Resource for Health Deployment - Discontinued activities due to the new normal will be reallocated for the payment of HRH salaries, benefits, and hiring of additional HRH for COVID-19 response, and for strengthening of information dissemination through online platforms;
- Public Health Commodities - Strengthening of logistics and supply chain management; thorough and constant monitoring of procurement and deliveries of commodities; Repurposing of remaining funds of select P/A/Ps for COVID-19 response.

¹³ 2019 current allotment only, exclusive of 2018 Continuing Appropriations (CONAP)

CHAPTER 3: METHODOLOGY

In estimating the required resources of the DOH-OSEC and PhilHealth for the medium term, the two-tier budgeting approach was utilized. This approach shows that Tier 1 or ongoing P/A/Ps will most likely have available funding; while Tier 2, defined as new P/A/Ps or expansion of existing P/A/Ps, are still subject to evaluation and approval of DBM. Four possible budget scenarios are presented in this MTEP as follows:

Scenario 1: Status Quo (Low Cost Estimate)

This low cost estimate scenario assumes that the required resource level of the DOH-OSEC and PhilHealth *under status quo* would be the current funding available from the 2021 National Expenditure Program (NEP) endorsed by the DBM as the President's Budget with adjustments attributed to an annual inflation rate of 3 percent. *Status quo* is an estimate of how much DOH-OSEC and PhilHealth would need in order to carry out their existing P/A/Ps given the available budget level while considering their absorptive capacity in the past years.

Scenario 2: Non-Mandanas Scenario with UHC Implementation (High Cost Estimate)

This scenario presents the full costing requirement for UHC implementation assuming an improved absorptive capacity of DOH-OSEC and PhilHealth. Further, it also assumes that the Mandanas Ruling is not yet for implementation, hence the high cost estimate scenario. Further, the costing in this scenario also demands additional resources for priority programs and special program needs in order to implement provisions of the UHC Act, support underfunded laws, and achieve a health system that is resilient to a pandemic and emerging infectious diseases. The Tier 2 proposals are based on the original proposals of DOH units prior to NEP and additional budget requests to the House of Representatives and Senate of the Philippines. The following cost items and assumptions under each organizational outcome were used in the estimation of this scenario:

PhilHealth

- **Organizational Outcome (OO): Financial Risk Protection Improved.** Covers the premium subsidies of all non-contributory groups in order to protect them from the catastrophic and impoverishing effects of unexpected healthcare costs.

DOH-OSEC

- **Agency Specific Budget.** Covers the funding requirements to implement the indicative Information Systems Strategic Plan (ISSP) 2021-2023 and to augment the operations for the procurement and supply chain management services, including warehousing and hauling of expanded and new public health commodities. This shall also provide essential administrative and support services to the operations of the Department in achieving its targets, goals, and or objectives for a specific year.
- **OO1: Access to Preventive and Promotive Health Care Service Improved.** Covers the funding support given by DOH to LGUs, i.e. commodities, HRH, technical assistance and trainings, capital outlay (CO), and LGU grants or incentives. Also, this includes activities to ensure the alignment of policies, plans, and programs towards sectoral goals on equity, access and quality of care.

LGU Grants / Incentives. Assumes that the target is to have 100% of LGUs (119 Provinces/HUCs/ICCs) to become UHC-IS by 2025, which is the 6th year from the enactment of the UHC Act. Operationally, this assumes that DOH can add more LGUs every three (3) years until the target of 100% by 2025 is achieved. Hence, by 2022, the target assumption is to have at least 75 percent or 89 UHC-IS. With the assumption that there are 58 UHC-IS in 2019 and the targets will be equally divided every three years, thirty-one (31) UHC-IS will be added to the 58 UHC-IS in 2022 and another thirty (30) UHC-IS in 2025 to complete 100% of the LGUs. Thus, a total of 58 and 89 UHC-IS will receive grants/incentives in 2021, and in 2022 to 2023 respectively. Actual LGU grants will be based on the UHC-IS performance assessment and other set of criteria¹⁴ given either in the form of cash incentives or in-kind grants such as technical assistance and training to improve Local Health Systems, Health Promotion, Epidemiology and Surveillance, and Health Emergency services in the UHC-IS. For this MTEP costing purposes, the LGU grants may be discussed using an average or range per UHC-IS in the assumptions. All of these assumptions are similarly applied in both Scenarios 3 and 4. Table 3 shows the assumption in the target number of UHC-IS until 2025.

Table 3. Assumption in the Target Number of UHC-IS, 2020-2025

Target Year	Number of UHC-IS Added	Total Number of UHC-IS	Percentage of LGUs that are UHC-IS
2019	58	58	49%
2022	31	89	75%
2025	30	119	100%

14 Criteria are still subject for discussion and issuance of official guidelines

Capital Outlay under HFEP. Assumes that the completion, repair, renovation, upgrading, and equipping of all Barangay Health Stations are the responsibility of the LGUs as agreed upon with Local Chief Executives during consultations and are not reflected in the medium-term DOH requirements in all scenarios. As reflected in the updated 2020-2040 Philippine Health Facility Development Plan (PHFDP), the Primary Care Facilities (PCFs) include only the Rural Health Units and 50 percent of the gaps in provinces will be funded by the National Government through the DOH-HFEP regardless of category (to be further discussed in Chapter 4 under General Assumptions). The remaining 50 percent will be shouldered by the local government. In terms of hospital beds in Level 1 to 3 hospitals, funding support of the national government will be based on categorization which will also be discussed in Chapter 4. This assumption for hospital beds are similarly applied in Scenarios 2, 3, and 4.

- **OO2: Access to Curative and Rehabilitative Health Care Service Improved. DOH Hospital / Health Facility Subsidy.** Includes funds for the personnel cost, operations, and CO investments given to DOH Hospitals, national and subnational references laboratories, operations of National Voluntary Blood Services Program (NVBSP) and DOH Blood Centers, and Drug Abuse Treatment and Rehabilitation Centers (DATRCs).
- **OO3: Access to Safe and Quality Health Commodities, Devices and Facilities Ensured.** Focuses on improving and expanding the regulatory functions of the Central Office, regulatory counterparts in CHDs, FDA and BOQ, as well as the Health Technology Assessment Unit, and covers for improving regulatory health information systems.
- **OO4: Access to Social Health Protection Assured.** Covers the medical assistance given to indigent and COVID-19 patients.

Scenario 3: Mandanas Implementation in UHC Integration Sites (Modified Cost Estimate)

The modified cost estimate scenario presents the costing requirement for UHC implementation and the prospective application of the Mandanas case ruling in the UHC Integration Sites. The assumptions used for PhilHealth, Agency Specific Budget, Organizational Outcomes 2, 3, and 4 of the DOH-OSEC are the same as the Non-Mandanas high cost estimate scenario. This scenario assumes that the re-devolution of deployed HRH to UHC-IS is not recommended since it will cause further inequities in HRH distribution. Thus, only activities under the Organization Outcome 1 related to HFEP and commodities will vary with the following assumptions:

- **Capital Outlay under HFEP.** Assumes that primary care facility gaps in non-UHC-IS provinces and UHC-IS provinces that fall under Category 1 classification (low capacity, high gap) in the updated 2020-2040 PHFDP will be shouldered by the national government in the medium term. Further, the remaining gaps in UHC-IS provinces which fall under Category 2 to 4 will be shouldered by the local government since they have better capacity. Further, the funding support to provinces (as share of the national government) with gaps in Level 1 to 3 government hospital beds will be dependent on their category in the updated PHFDP (refer to Chapter 4 General Assumptions).
- **Public Health Commodities.** Includes the medium-term costing based on program requirements with adjustments for certain commodities that will be re-devolved to UHC-IS for the following programs: Environmental and Occupational Health; Family Health, Nutrition, and Responsible

Parenting; Elimination of Diseases; Prevention and Control of Other Infectious Diseases; and, Prevention and Control of Non-Communicable Diseases. However, the public commodities under the National Immunization Program, Rabies Control Program, and Tuberculosis Control Program will be retained by DOH.

In both Scenarios 3 and 4, the unit cost of commodities is based on DOH Central Office procurement. There will be less economies of scale under LGU procurement of re-devolved commodities. In such case, the unit cost of commodities might end up higher and the amount devolved from DOH may not be responsive to the actual needs of the LGUs. But when Province- and City-wide health systems are formed, these can provide some limited economies of scale. Further, there will be a Price Negotiation Board which will negotiate prices on behalf of the government, including LGUs, to lower down the price of meds, which together with a contracting framework, will sort of provide the economies of scale.

Scenario 4: Mandanas Implementation Nationwide (Alternate Cost Estimate)

The alternate cost estimate of Scenario 3 presents the nationwide implementation of the Mandanas case ruling and costing requirement for UHC implementation. The assumptions used for PhilHealth, Agency Specific Budget, Organizational Outcomes 2, 3 and 4 of the DOH-OSEC remain the same as the Non-Mandanas high cost estimate scenario. Only the HRH Deployment, commodities, and HFEP under the Organizational Outcome 1 will vary in Scenario 4.

Capital Outlay under HFEP. Assumes that primary care facility gaps in provinces under Category 1 (low capacity, high gap) only will be funded by the DOH-HFEP in 2022-2023. This scenario

does not cover the capital outlay support for primary care facilities of provinces which fall under the Category 2 to 4 in the updated 2020-2040 PHFDP because of the assumption that they are under the responsibility of the LGUs in the medium-term. Further, the share of the national government as funding support to provinces with gaps in Level 1 to 3 hospital beds in government hospitals will be dependent on their category in the updated PHFDP (refer to Chapter 4 General Assumptions).

HRH Deployment. Covers the partial implementation of Mandanas Ruling in 2022 and its full implementation in 2023. In 2022, HRH under the DOH Deployment Program will be transferred to the 1st-3rd class cities/municipalities only. On the other hand, HRH deployment to Geographically Isolated and Disadvantaged Areas (GIDAs), particularly to 4th-6th class cities/municipalities, will still be implemented by DOH. The total HRH to be retained under DOH Deployment Program in 2022 is 11,690, which is much less than the 26,389 HRH in 2021. Meanwhile, only a total of 2,844 HRH will be retained under the DOH Deployment Program in 2023. These are composed of physicians and midwives with a return service agreement. The rest of the HRH for deployment like nurses will be devolved to the 1st-6th class cities/municipalities. HRH complement for newly constructed BHS and RHUs should be the responsibility of LGUs; Nonetheless, LGUs may still request HRH augmentation from DOH through the National Health Workforce Support System.

Epidemiology and Surveillance. In addition to the HRH cadre above, from the 3,807 public health associates (PHAs) in 2021, only 3,485 PHAs for disease surveillance will be retained under DOH while the remaining 322 PHAs will be devolved to 1st class cities/municipalities for 2022. There will be full re-devolution of hiring PHAs in compliance to the Mandanas case ruling for all PHAs in 2023. This will be harmonized to the organization of Epidemiology and Surveillance Units (ESUs) required in the UHC IRR.

Public Health Commodities. Assumes the implementation of Mandanas case ruling nationwide starting 2021 on the following public health programs: Environmental and Occupational Health; Elimination of Diseases; Prevention and Control of Other Infectious Diseases; and, Non-Communicable Diseases. However, in the case of Family Health, Nutrition, and Responsible Parenting Program, only the costing requirement of UHC-IS considering Mandanas case ruling implementation from 2022 to 2023 were reflected. The public commodities under the NIP, Rabies Control Program, and Tuberculosis Control Program will be retained by DOH.

CHAPTER 4: BUDGET SCENARIOS

Cost items in the four (4) Budget Scenarios are based on the PREXC budget structure and grouped per Organizational Outcome (OO). For PhilHealth, the organizational outcome is Financial Risk Protection Improved. For DOH-OSEC, the following are the organizational outcomes namely; (1) Access to Promotive and Preventive Health Care Service Improved; (2) Access to Curative and Rehabilitative Health Care Service Improved; (3) Access to Safe and Quality Health Commodities, Devices and Facilities Ensured; and (4) Access to Social Health Protection Assured. Further, the Agency Specific Budget, Automatic Appropriations, and Special Accounts in the General Fund of the DOH-OSEC are also included.

Scenario 1: Status Quo (Low Cost Estimate)

Budget scenario 1 discusses the cost of P/A/Ps in the status quo scenario. This status quo scenario is considered as the low cost estimate because it only reflects the current funding available from the 2021 National Expenditure Program (NEP) endorsed by the DBM as the President's Budget. Reflected as the 2020 baseline values are the appropriations from the 2020 GAA and programmed projects under the World Bank and Asian Development Bank loans approved by the National Economic and Development Authority- Investment Coordination Committee (NEDA ICC).

Status Quo Budget

Due to the shift to a cash-based budgeting system, the 2021 NEP endorsed by the DBM considered the absorptive capacity of DOH through a historical analysis of its disbursement rates. This 2021 NEP budget level is used as the basis of the status quo scenario or the regular budget of the DOH-OSEC and PhilHealth.

The medium-term **Status Quo Scenario** was computed by subjecting the maintenance and other operating expenses (MOOE) of the 2021 NEP budget level of DOH-OSEC P/A/Ps to an inflationary growth of 3 percent¹⁵ over the next two years (2022-2023), combined with the default personnel services (PS) cost. The non-recurring capital outlay in 2021 was no longer forwarded in 2022-2023. The same inflation rate was applied in the medium term to the 2021 NEP of PhilHealth worth PhP 71.35 billion. In 2021, the total budget of DOH-OSEC and PhilHealth based on NEP amounted to **PhP 202.58 billion**. (Refer to **Annex B** for the detailed 2021 NEP Budget Allocation per P/A/P). This scenario also includes the multi-year loan proceeds for the foreign-assisted projects (FAPs) from the Asian Development Bank (ADB) and World Bank (WB) loans which have been already approved by the NEDA ICC.

15 National Budget Memorandum No. 133, DBM

Under this Status Quo Scenario, there will be insufficient funding to implement the UHC Act and its IRR, to continue COVID-19 response and recovery interventions, and to build a resilient health system. Among those that will be severely affected by the limited funding are HRH deployment, capital expenditures, and

PhilHealth premium subsidies. Health system gaps and inequities in health would still persist under this scenario. In the long run, inaction on identified system gaps would result to failure in achieving the following health goals: better health outcomes; financial protection; and, health equity.

Table 4. Summary of Costs in Scenario 1 (NEP Level), Amount in Billion PhP

Particulars	2020 (Base-line)	UHC Medium-Term Costing (Low Cost Estimate, Status Quo)			TOTAL (2021-2023)
		2021 (NEP level)	2022	2023	
PhiHealth Premium Subsidy	71.35	71.35	73.49	75.70	220.55
<i>Financial Risk Protection Improved</i>	71.35	71.35	73.49	75.70	220.55
DOH-OSEC	117.26	131.23	123.69	123.32	378.24
<i>Agency Specific Budget</i>	9.07	9.90	9.93	9.96	29.79
<i>OO1: Access to Promotive & Preventive Health Care Service Improved</i>	51.32	51.45	44.41	42.99	138.85
<i>OO2: Access to Curative & Rehabilitative Health Care Service Improved</i>	42.03	47.70	46.53	46.88	141.11
<i>OO3: Access to Safe & Quality Health Commodities, Devices & Facilities Ensured</i>					
<i>(including budget requirements of Food and Drug Administration and Bureau of Quarantine under Special Accounts in the General Fund)</i>	1.54	1.54	1.56	1.59	4.69
<i>OO4: Access to Social Health Protection Assured</i>	10.48	17.31	17.83	18.36	53.49
<i>Automatic Appropriations</i>	2.78	3.30	3.40	3.50	10.21
<i>Franchise Tax</i>	0.03	0.03	0.03	0.03	0.09
TOTAL	188.61	202.58	197.19*	199.01*	598.78

*Note: The reduction from 2021 to 2022-2023 despite the 3% inflation is due the non-recurring capital outlay under OO1.

General Assumptions Used in Scenarios 2, 3, and 4

The assumptions that were consistently used across all three scenarios (Non-Mandanas, Mandanas for UHC-IS implementation, and Mandanas for nationwide implementation) are discussed in this section. The assumptions for MOOE are detailed below:

- The costing also accounts for the additional budget requirements to address health system resilience and continue COVID-19 response and recovery interventions in 2021-2023 in the assumption that the COVID-19 will continue to persist since the acquired immunity to the virus (or vaccine-acquired immunity) may only be short-lived¹⁶.
- For HRH Deployment, salaries of nurses are adjusted based on DBM Budget Circular 2020-4, i.e. Nurse I shall receive SG 15 salary. All other salaries of deployed HRH were adjusted to the applicable tranches of Salary Standardization Law (SSL) V for 2022-2023.
- All public health programs were based on medium-term program requirements and additional budget requests to the House of Representatives and Senate. Further, it includes the program requirements of underfunded laws¹⁷. The Family Health costing utilized the NOH target to project the current users for each method as these are the metrics for monitoring health outcomes.
- The Information Technology budgetary requirements for CY 2021-2023 are based on initial¹⁸ estimates derived from the indicative budget requirements of the Information Systems Strategic Plan (ISSP) 2021-2023.

16 September 10, 2020 (University of California). *New England Journal of Medicine*. Levels of antibodies against the COVID-19 virus reduced significantly (by half) about every 2.5 months and if the rate is constant, the antibodies will be depleted within 1 year. DOI: 10.1056/NEJMc2025179

17 Include but not limited to the Cancer Act, Mental Health Act, UHC Act, HIV Act, 1000 Days Act

18 ISSP as of March 22, 2020 (still subject for updating)

- An inflation rate of 3 percent for CY 2022-2023 was applied to general administration and support, procurement and supply chain management service, policy and plan development, health sector research development, institutional capacity management, operations of Regional Offices and the regulations sector, operations of Dangerous Drug Abuse Treatment and Rehabilitation Centers (DATRCs), and medical assistance to indigent patients (MAIP). In the case of health emergency preparedness and response, an inflation of 20 percent was applied to address preparedness and response for the current and future pandemics.
- The multi-year loan proceeds (both MOOE and Capital Outlay) for the NEDA ICC-approved FAPs under the ADB and WB loans were included. The 2020 World Bank programmed funds was based on the PhP 2.69 B Special Allotment Release Order (SARO) released and adjustments as of September 15, 2020. Amounts may be subject to changes due to ongoing developments in the Work and Financial Plans based on recent directives, i.e. request for additional SARO in 2020, and frontloading of 2022 civil works investments in 2021. Further, DOH requested from NEDA¹⁹, subject to the approval of the Department of Finance, the inclusion of USD 300 million for COVID-19 vaccine procurement in the project scope of the ADB HEAL COVID-19 Project and another USD 300 million for the same purpose under the WB Philippines COVID-19 Emergency Response Project.
- In light of the changing roles of DOH due to the UHC Act and the Mandanas case ruling and to fulfill DOH's main role as enabler, regulator, and standard setter, we are proposing that all funding requirements for the integration of the UHC-IS, including the LGU grants/incentives, be reclassified as Tier 1. Further, this Tier 1 reclassification will ensure that the UHC-IS are adequately funded annually. The LGU Grants/Incentives under Organizational Outcome 1 were

19 As of November 25, 2020

borne by several budget line items for Local Health Systems Development and Assistance, Health Promotion, Epidemiology and Surveillance, and Health Emergency Preparedness and Response. These grants can either be monetary or in-kind such as technical assistance and capacity building. The amount and assumptions for LGU grants/incentives needed for 58 UHC IS amount to **PhP 1.10 billion**, roughly an average²⁰ of **PhP 18.96 million** for every UHC-IS. In 2022, this will be granted to 89 UHC-IS amounting to

PhP 1.74 billion and averaging at **PhP 19.53 million** per integration site. With the same number of UHC-IS in 2022, this amount was inflated to 3 percent in 2023 amounting to **PhP 1.79 billion** and averaging²¹ at **PhP 20.12 million** per integration site, respectively. The actual amount of the LGU grant/incentive will depend on the UHC-IS' performance assessment and other set of criteria. By 2025, these medium term targets aim that all LGUs are UHC-IS by the sixth year of the UHC Act. The amount of Tier 2 LGU grants/incentives per P/A/P in the medium term are shown in the table below.

Table 5. Summary of Tier 2 LGU Grants/Incentives under Scenarios 2, 3, and 4 for UHC Integration Sites, by P/A/P, Amount in Million PhP

Particulars	Tier 2 LGU Grants/Incentives under Scenarios 2, 3, and 4 for UHC Integration Sites						TOTAL (2021-2023)
	2021		2022		2023		
	Number of UHC-IS*	Amount	Number of UHC-IS*	Amount	Number of UHC-IS*	Amount	
Local Health Systems Development and Assistance	58 (49% of 119 LGUs)	381.09 ²²	89 (75% of 119 LGUs)	602.32	89 (75% of 119 LGUs)	620.39	1,603.79
Health Promotion		357.06		564.34		581.27	1,502.66
Epidemiology and Surveillance		217.52		343.80		354.11	915.43
Health Emergency Preparedness and Response		144.05		227.68		234.51	606.23
TOTAL		1,099.72		1,738.12		1,790.27	4,628.11

**Note: Number of UHC-IS based on assumptions only for costing purposes.*

20 Actual LGU grant per UHC-IS may vary based on performance assessment and other set of criteria (subject for discussion and issuance of official guidelines)

21 *ibid.*

22 Exclusive of PhP 118.91 million LHSDA cash grants in the 2021 NEP.

The CY 2021 capital outlay is based on the budget proposals evaluated and endorsed by the HFEP Management Office to the DBM in June 2020. The main assumptions used for capital outlay (CO) requirements under the DOH HFEP in CY 2022-2023 are as follows:

- Gaps identified in health facilities (primary care facility, Level 1 to 3 government hospital beds) are based on the updated 2020-2024 Philippine Health Facility Development Plan which estimates the health facility requirements for UHC using a needs-based approach in the context of the envisioned integrated health care provider networks with functional referral systems. Under this plan, a framework anchored on equity, was developed to serve as a guide for allocation of national government resources to provinces based on three criteria namely; (i) public spending per capita, (ii) poverty incidence, and (iii) presence of GIDA. Provinces are classified per category namely; Category 1 (low capacity, high gap); Category 2 (low capacity, low gap); Category 3 (high capacity, high gap); and Category 4 (high capacity, low gap). Those provinces or HUCs under Category 1 or those with low capacity and high gaps are more likely to receive national government subsidy. All the 4th to 6th class municipalities/GIDAs were classified under Category 1.
- In this document, the funding of primary care facilities²³ cover the RHUs only given that the gaps in BHS will be the main responsibility of LGUs as per agreement in series of consultations made with LCEs.
- Unit cost includes all environmental factors (earthquake, flood, and typhoon risk) and basic resiliency factor. Refer to *Table 6* for the unit cost per facility type.
- Standard primary care facility (i.e. RHU, Birthing and TB DOTS) measures 501 sq.m.
- Annual target number of facilities aims to close the gap in primary care by 2025 and reduce 1/4 of the cumulative gap (2021-2040) in hospital beds.
- HFEP target ratios are to achieve one RHU per 20,000 population and 2.7 beds per 1,000 population
- Delayed procurement of HFEP projects due to the COVID-19 situation was not yet factored in the medium term since this is yet to be determined.
- The CO requirements of Philippine Cancer Center for 2022-2023 are factored in the HFEP funding requirements.
- For primary care facilities, only 50 percent of the gaps for 2020-2025 will be shouldered by HFEP funding support; while, the remaining 50 percent should be the responsibility of LGUs. (*Refer to Table 7 for gaps and costs in primary care facilities per Scenario*)

23 Under the Administrative Order No. 2020-0024 refers to the institution that primarily delivers primary care services and is licensed or certified by the DOH as such.

Table 6. Unit Cost per Facility Type

Health Facility	Target	Infrastructure Baseline Cost (Php)	Infrastructure Cost (Php)	Equipment Cost (Php)	Environmental and Resiliency factors**	Unit Cost
Barangay Health Station*	1 BHS per Barangay	25,000 per sqm	1,750,000.00	473,000.00	308,000.00	2,531,000.00
Rural Health Unit*	1:20,000 population	25,000 per sqm	12,525,000.00	2,347,000.00	2,204,400.00	17,076,400.00
Level 1 Hospital Bed	2.7 beds per 1000 population	per bed	4,038,222.00	Included as percentage of the infra cost	710,727.07	4,748,949.07
Level 2 Hospital Bed		per bed	4,366,944.00		768,582.14	5,135,526.14
Level 3 Hospital Bed		per bed	4,659,740.00		820,114.24	5,479,854.24

* based on the Manual of Standards for Primary Care Facilities: Health Station 70 sqm Model and Primary Care Facility (RHU+Birthing+TB DOTS) 501 sqm Model

** Includes all environmental factors (earthquake, flood, and typhoon risk) and basic resiliency factor

Table 7. Summary of Primary Care Facility Gaps and Cost per Scenario

Health Facility	Total Gaps (until 2025)	Covered by NG		Unit Cost (PhP)	Total Annual Cost	Assumptions
		50% of Total Gaps	Annual Gap			
Scenario 2	2400	1200	300	17,076,400	5,122,920,000	50% of nationwide gaps will be shouldered by NG
Scenario 3	1074	5t37	134		2,288,237,600	50% of gaps in non UHC-IS and Category 1 UHC-IS provinces will be shouldered by NG
Scenario 4	339	170	42		717,208,800	50% of gaps in Category 1 provinces will be shouldered by NG

- The number of gaps in hospital beds will be the same across all scenarios. However, the funding support of the government for gaps in hospital beds in Level 1 to 3 hospitals

will depend on which category the province or HUC falls in the updated PHFDP (*Refer to Table 8 for the summary of Level 1 to 3 hospital beds gaps and cost per category*).

Table 8. Summary of Level 1 to 3 Hospital Bed Gaps and Cost per Category

Health Facility	Total Gaps (until 2025)	Gaps Covered by NG until 2025			Unit Cost (PhP)	Total Annual Cost
		5% Coverage	Total Gap	Annual Gap (until 2025)		
Level 1 Hospital Bed						
Category 1	2111	100%	2111	528	4,748,949.07	2,507,445,072
Category 2	8041	75%	6031	1508		7,161,415,092
Category 3	1065	50%	533	133		631,610,217
Category 4	5172	25%	1293	323		1,535,097,764
Sub-Total (Level 1)						11,835,568,145
Level 2 Hospital Bed						
Category 1	3256	100%	3256	814	5,135,526.14	4,180,318,164
Category 2	11492	75%	8619	2155		11,067,058,530
Category 3	3970	50%	1985	496		2,547,220,896
Category 4	15072	25%	3768	942		4,837,665,492
Sub-Total (Level 2)						22,632,263,082
Level 3 Hospital Bed						
Category 1	15889	100%	15889	3972	5,479,854.24	21,765,980,088
Category 2	14493	75%	10870	2717		14,888,763,318
Category 3	45093	25%	11273	2818		15,442,228,572
Sub-Total (Level 3)						52,096,971,978
GRAND TOTAL						86,564,803,205

Scenario 2: Non-Mandanas Scenario with UHC Implementation (High Cost Estimate)

The Non-Mandanas scenario considers the current funding available from the 2021 NEP from Scenario 1 and cost of new and expansion of P/A/Ps (Tier 2). The “Non-Mandanas” Scenario is also based on the status quo scenario wherein all commodities and services will be procured and managed by the DOH-Central Office. This assumes that the following PAPs are yet to be implemented: (1) transitioning of commodities to PhilHealth, and (2) re-devolution of funds to LGUs based on the Mandanas case ruling.

Further, this scenario accounts for the budgetary requirements for the implementation of the UHC Act. It will also continue providing funding support to LGUs for HRH, commodities, and capital expenditures.

Total Budget Requirement under the Non-Mandanas Scenario

In 2021, the total requirement for UHC Act implementation amounts to **Php 374.55 billion** under the Non-Mandanas high cost estimate scenario. Tier 2 is equivalent to the difference between the total cost of implementing UHC Act under Scenario 2 (Non-Mandanas scenario) and Scenario 1. The summary of this costing is reflected in Table 9. (Refer to **Annex C** for the detailed Budget Allocation per P/A/P in the Non-Mandanas Scenario)

Table 9. Summary of Estimated UHC Cost in the Non-Mandanas Scenario, by Tier, Amount in Billion Php

Particulars	2020 (Base-line)	UHC Medium-Term Costing (High Cost Estimate, Non-Mandanas Scenario)									TOTAL (2021-2023)
		2021			2022			2023			
		NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total	
PhiHealth Premium Subsidy	71.35	71.35	66.73	138.09	73.49	84.75	158.25	75.70	102.26	177.95	474.29
Financial Risk Protection Improved	71.35	71.35	66.73	138.09	73.49	84.75	158.25	75.70	102.26	177.95	474.29
DOH-OSEC	117.26	131.23	105.23	236.46	123.69	161.21	284.90	123.32	168.12	291.44	812.80
Agency Specific Budget	9.07	9.90	2.31	12.21	9.93	1.51	11.44	9.96	1.35	11.31	34.96
OO1: Access to Promotive & Preventive Health Care Service Improved	51.32	51.45	85.29	136.73	44.41	141.17	185.58	42.99	146.97	189.96	512.27
OO2: Access to Curative & Rehabilitative Health Care Service Improved	42.03	47.70	17.23	64.93	46.53	18.17	64.70	46.88	19.43	66.31	195.95
OO3: Access to Safe & Quality Health Commodities, Devices & Facilities Ensured (including budget of FDA and BOQ under SAGF)	1.54	1.54	0.40	1.94	1.56	0.35	1.91	1.59	0.36	1.94	5.80

Particulars	2020 (Base-line)	UHC Medium-Term Costing (High Cost Estimate, Non-Mandanas Scenario)									TOTAL (2021-2023)
		2021			2022			2023			
		NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total	
OO4: Access to Social Health Protection Assured	10.48	17.31	0.007	17.31	17.83	0.01	17.84	18.36	0.001	18.37	53.53
Automatic Appropriations	2.78	3.30	0	3.30	3.40	0	3.40	3.50	0	3.50	10.21
Franchise Tax	0.03	0.03	0	0.03	0.03	0	0.03	0.03	0	0.03	0.09
TOTAL UHC Cost	188.61	202.58	171.97	374.55	197.19*	245.96	443.15	199.01*	270.38	469.39	1,287.09

Note: All NEP and Tier 1 levels are values from Scenario 1

*2020 GAA, WB and ADB loans (exclusive of Bayanihan I and II Act Supplemental Budget)

**2021 Tier 2 values are based on the UHC Act implementation requirements in the original proposal, PHFDP, and additional budget requests to the House of Representatives and Senate

Tier 2: Cost of New and Expansion of P/A/Ps

The **Tier 2** or the cost of **new or expanding P/A/Ps** is computed from the full UHC Act requirements in the original 2021 proposal of DOH units and additional budget requests to the House of Representatives and Senate. The Tier 2 is equivalent to the difference between Scenario 1 and Scenarios 2 to 4 accordingly. In 2021, the total Tier 2 of DOH-OSEC and PhilHealth amounted to **PhP 171.97 billion**. Of this amount, **PhP 105.23 billion** constitutes the Tier 2 for DOH-OSEC only, which includes the Special Accounts in the General Fund (SAGF) of FDA and BOQ. For 2022 and 2023, the Tier 2 of DOH-OSEC and PhilHealth under this high cost estimate scenario amounts to **PhP 245.67 billion** and **PhP 270.40 billion**, respectively.

Cost Items and Specific Assumptions under the Non-Mandanas Scenario

Different assumptions and targets were used to arrive at the high cost requirement for implementing the UHC Act. The breakdown and

assumptions per cost item for PhilHealth are further discussed in Table 10, meanwhile Tables 11 to 15 discusses the cost items for DOH-OSEC.

Similarly with Scenario 1, cost items in Scenario 2 are grouped per Organizational Outcome in which they contribute.

PhilHealth OO: Financial Risk Protection Improved

Assuming that PhilHealth continues to receive PhP 71.35 billion worth of premium subsidy as Tier 1 every year over the medium term, this will result in an additional Tier 2 budget requirement of **PhP 260.23 billion** for CY 2021-2023. Such amount will be used to cover for the premium subsidies of all non-contributory groups in order to protect them from the catastrophic and impoverishing effects of unexpected healthcare costs. The projected population of target sectors and corresponding premiums calculated by PhilHealth for 2021-2023 are detailed in Table 10.

Table 10. Breakdown of UHC Cost Items in Non-Mandanas Scenario, PhilHealth Premium Subsidy

Cost Item	2020			2021**			2022			2023		
	Popula- tion	Premi- um	Total (Php)	Popula- tion	Premi- um	Total (Php)	Popula- tion	Premi- um	Total (Php)	Popula- tion	Premi- um	Total (Php)
Indigent Members	15.44M	2,400	37.06B	13.22M	4,200	55.54B	14.56M	4,800	69.88B	14.73M	5,400	79.54B
Senior Citizens	6.24M	5,000	31.18B	8.37M	5,000	41.83B	9.31M	5,000	46.54B	9.46M	5,400	51.08B
UHC Expansion	1.17M	2,400	2.81B	7.59M	4,200	31.88B	8.72M	4,800	41.83B	8.76M	5,400	47.33B
PWD- Formal	-	-	-	89.48K	2,100	187.90M	*	*	*	*	*	*
PWD- Informal	100K	2,400	240M	1.70M	4,200	7.14B	*	*	*	*	*	*
SK Officials	-	-	-	335.58K	4,200	1.42B	*	*	*	*	*	*
PAMANA Beneficiaries	25.51K	2,400	61.23M	25.51K	4,200	107.15M	*	*	*	*	*	*
Total			71.35B			138.09B			158.25B			177.95B

*Covered under UHC Expansion

**2021 Tier 2 values are based on the UHC Act requirements in the original proposal to DBM

DOH-OSEC Agency Specific Budget

The total agency specific budget needed by the DOH-OSEC for 2021 is **PhP 12.21 billion** and a total of **PhP 34.96 billion** is needed for the agency specific budget in the medium term. It covers activities under the General Administration and Support (GAS) and Support to Operations (STO).

If the Tier 1 level in the medium term for GAS and STO is based on the 2021 NEP and an inflationary growth of only 3 percent is applied in 2022-2023 as its Tier 1, the Tier 2 additional

budget requirements for STO amounts to **PhP 5.17 billion**, specifically **PhP 3.85 billion** for the Health Information Technology medium-term requirements based on the indicative Information Systems Strategic Plan (ISSP) of the Department to enhance existing technology, institutionalize streamlined and digital processes, and implement information systems and TeleHealth/TeleMedicine for UHC; and, **PhP 1.32 billion** for the augmentation of the procurement and supply chain management services, including warehousing and hauling of expanded and new public health commodities.

Table 11. Breakdown of UHC Cost Items in Non-Mandanas Scenario, Agency Specific Budget, Amount in Billion PhP

Particulars	Program	Objectives	2020*	2021**	2022	2023
Agency Specific Budget	General Administration and Support	To provide essential administrative and support services to the operations of the Department in achieving its targets, goals, and or objectives for a specific year.	6.64	8.09	8.10	8.11
	Support to Operations	To implement the ISSP 2021-2023 and augment the MOOE for the procurement and supply chain management services, including warehousing and hauling of expanded and new public health commodities	2.43	4.12	3.34	3.20
	Sub-total		9.07	12.21	11.44	11.31

OO1: Access to Promotive and Preventive Health Care Service Improved

The total medium term requirement to achieve OO1 under the Non-Mandanas scenario is **PhP 512.27 Billion** which covers activities under the following programs; Health Policy Standards

Development Program; Health Systems Strengthening Program; Public Health Program; Epidemiology and Surveillance Program; and Health Emergency Management Program.

Table 12. Breakdown of UHC Cost Items in Non-Mandanas Scenario, under Organizational Outcome 1, Amount in Billion PhP

Organizational Outcome	Program	Objectives	2020*	2021**	2022	2023
Access to Promotive and Preventive Health Care Service Improved	Health Policy Standards Development Program	To ensure alignment of policies, programs, and standards towards sectoral goals on equity, access, and quality of care	0.29	0.27	0.28	0.28
	Health Systems Strengthening Program	<ol style="list-style-type: none"> 1. To ensure access to effective, safe and quality health care services through technical and logistics support to LGUs 2. To achieve ratios: 1 RHU: 20,000 population; 2.7 beds: 1,000 population 3. To provide Financial and non-financial incentives/ grants to UHC-IS to improve functionality of province-wide and city-wide health systems 4. To ensure access to quality health care services through competent, responsive and productive health workforce (salaries with annual SSL adjustment) 5. To enable the Filipino people to achieve optimum level of health through provision of information and education to enhance their health knowledge and skills 	28.66	69.22	117.08	118.59

Organizational Outcome	Program	Objectives	2020*	2021**	2022	2023
	Public Health Program	To cover public health commodities downloaded to LGUs based on medium-term program requirements and target beneficiaries/population, with consideration to existing unfunded laws ²⁴	21.42	63.17	63.86	66.54
	Epidemiology and Surveillance Program	To prevent and control diseases through timely and accurate health information and immediate response to outbreaks, with particular funding on the augmentation of operations and expansion of HRH dedicated for COVID-19 surveillance activities.	0.12	3.14	3.21	3.32
	Health Emergency Management Program	To assist LGUs in having an effective, timely, and efficient community response to emergencies and disasters	0.83	0.93	0.95	1.00
	Sub-total		51.32	136.73	185.58	189.96

*2020 GAA, WB and ADB loans (exclusive of Bayanihan I and II Act Supplemental Budget)

**2021 Tier 2 values are based on the UHC Act requirements in the original proposal and additional budget request to House of Representatives and Senate of the Philippines

Health Policy Standards Development Program

For the Health Policy Standards Development Program, a total of PhP **272.85 million** is needed for 2021 with a total of **PhP 833.48 million** in the medium term. The MOOE of the two succeeding years in 2022-2023 were only subjected to 3 percent inflationary growth. The budget requirements aim to ensure alignment of policies, programs, and standards towards sectoral goals on equity, access, and quality of care.

Health Systems Strengthening Program

Meanwhile, under the Health Systems Strengthening Program, a total of **PhP 304.90 billion** budget is required for 2021-2023. The activities comprise of following: (i) Health Facility Policy and Plan Development, (ii) HFEP, (ii) Local Health Systems Development and Assistance (with LGU grants/incentives), (iii) Pharmaceutical Management, (iv) HRH Deployment, (v) HRH and Institutional Capacity Management, and (v) Health Promotion (with LGU grants/incentives)²⁵.

24 Include but not limited to the Cancer Act, Mental Health Act, UHC Act, HIV Act, 1000 Days Act

25 UHC Act Sec. 22. *Incentives for Improving Competitiveness of the Public Health Service Delivery System.* The National Government shall make available commensurate financial and non-financial matching grants (capital outlay, HRH, and health commodities) to improve the functionality of province-wide and city-wide health systems.

The Health Facility Policy and Plan Development will need **PhP 798.26 billion** in the medium term to support health facility planning, plan development, research implementation, program implementation, upscaling of regional counterparts for Health Facility Delivery Units, operations of the Public-Private Partnership for Health Office and for medical tourism. A 3 percent inflation from 2021 was applied in the next two years.

To fund HFEP, a total of **PhP 230 billion** is needed in the next three years under the Non-Mandanas scenario for primary care LGU facilities, LGU hospitals, and DOH hospitals. The 2022-2023 targets aim to close the gap for RHUs by 2025 and fund approximately 25 percent of the cumulative gaps on Level 1 to 3 government hospital beds until 2025. The overall national gaps are evenly spread out across 20 years until 2040 and equally shared between DOH and LGUs. The deficits were computed based on the following target ratios, namely: one RHU per 20,000 population and 2.7 hospital beds per 1,000 population. However, it does not take into account the delay in HFEP projects due to the COVID-19 pandemic.

Under the Local Health Systems and Development Assistance (LHSDA), a total of **PhP 3.12 billion** is needed in the 2021-2023. The purpose of the 2021 Tier 2 additional budget requirements are to provide assistance to the 58 UHC Integration Sites. An additional Tier 2 budget in 2021 was requested in the legislative process to provide fixed tranche incentives/grants to LGUs amounting to **PhP 381.09 million**²⁶ to implement the intent of the UHC Act (RA 11223) to integrate our local health systems into Province-Wide and City-Wide Health Systems. The amount in 2022 to 2023 was increased to cover additional 31 UHC-IS to a total of 89 UHC-IS each year with 3 percent inflationary growth annually. The amount will be used to assist LGUs in organizing and integrating their local health systems, capacity building of

the Provincial and City Health Boards, capacity building of Provincial Management Team and Technical Program Managers. If approved in the GAA, the **total cash grants** in 2021 for 58 UHC-IS is **PhP 500 million** (inclusive of the PhP 118.91 million in the NEP) ranging from PhP 9.66 million to PhP 50.76 million per region with an average²⁷ regional allotment of PhP 29.41 million depending on the number of UHC-IS composition per region. Apart from this amount, PhP 143 million in the 2021 NEP under Tier 1 are intended for fixed tranche for all LGUs.

To ensure accessibility to affordable essential medicines, the Pharmaceutical Management's medium term budget requirements amounts to **PhP 1.82 billion**. The Tier 2 budget needs will cover for the expansion in the procurement of Botika ng Bayan and Botika ng Bayani drugs, hiring of Pharmacy Assistants for sixteen (16) regions and BARMM, creation of 50 percent plantilla items in 2021 and the remaining 50 percent were programmed in 2022 to complete all the 40 new positions.

A total of **PhP 62.93 billion** for the HRH Deployment Program will be needed for CY 2021-2023 assuming that the 26,389 HRH in the 2021 NEP will still be funded by the DOH for the next two years and an additional budget needed for 1,513 HRH will be approved in the legislature to sustain the current number of HRH deployed in priority areas of need in the medium term. However, the HRH complement for newly constructed BHS and RHUs should be the responsibility of LGUs. Nonetheless, LGUs may still request for HRH augmentation through the National Health Workforce Support System. In order to manage the comprehensive and integrated training design and facilitate the conduct of trainings for the personnel in the Central and Regional Offices as well as each cadre of health professional for deployment, the HRH and Institutional Capacity Management requires a total of **PhP 590.84 million** in the medium term. The Tier 2 budget requirements

26 Exclusive of PhP 118.91 million LHSDA cash grants in the 2021 NEP.

27 Actual LGU grant per UHC-IS may vary based on performance assessment and other set of criteria (subject for discussion and issuance of official guidelines)

will defray expenses for the development of modules for “Leadership and Governance for Health” for Province- and City-wide Health Systems (P/CWHS), scholarship programs for Master in Public Management and Master in Public Health - Field Epidemiology, and the Health Policy and Systems Research Fellowship Program.

The funding requirements for Health Promotion in the medium term amounting to **PhP 5.64 billion** to enable the Filipinos to achieve optimum level of health through provision of information and education to enhance their health knowledge and skills. In 2021, 0.7 percent (~1 percent) of the total DOH-OSEC budget is for the Health Promotion line item²⁸. Apart from this budget, there are other cost items for health promotion that are included under the Public Health Management line item specifically for the integrated health promotion activities of public health programs at the Central Office and Regional Offices. To further support health promotion, part of the budget ranging from **PhP 357.06 million** in 2021 to **PhP 581.27 million** in 2023 were included as health promotion incentives/grants to LGUs per Section 22 of the UHC Act.

Public Health Program

On the other hand, under the Public Health Program, the total budget requirement for various public health program components in the medium term is **PhP 193.57 billion** which aims to: (i) improve health of the community through the integrated implementation of public health programs through soft components such as policy development, technical assistance and capacity building, health promotion, and research activities; and (ii) to provide funding for the procurement of public health commodities to be downloaded to LGUs for target beneficiaries/population, taking into consideration the requirements needed to fund underfunded laws such as the Cancer Act, Mental Health Act, and Comprehensive Policy

on HIV/AIDS Prevention, among others. Under the Non-Mandanas scenario, it is assumed that the procurement of commodities is still charged against the DOH budget and that the re-devolution of funds (based on the Mandanas case ruling) will not yet be implemented. Of the medium term requirement, **PhP 140.59 billion** is needed to fund the hard components or the public health commodities for CHDs and LGUs in 2021-2023. These public health commodities are for Environmental and Occupational Health; Family Health, Immunization, Nutrition, and Responsible Parenting; and, Prevention and Control of Communicable and Non-Communicable Diseases.

Under the Family Health, Immunization, Nutrition and Responsible Parenting line item, a total of **PhP 80.08 billion** is needed in the medium term. This includes the **PhP 6.77 billion** budget to cover the procurement of combined oral contraceptives (COC), male condoms and depo medroxyprogesterone acetate (DMPA) vials, progestin only pills (POP), intrauterine devices (IUDs), progestin subdermal implants, micronutrient supplements, and oral health commodities. Further, a total of **PhP 73.30 billion** is included for the procurement of vaccines under the National Immunization Program and the COVID-19 vaccine in the medium term. On the other hand, **PhP 6.37 million** is needed for the chlorine and water granules under the Environmental and Occupational Health for the next three years.

Meanwhile, for the Prevention and Control of Communicable Diseases, a total of **PhP 54.88 billion** is needed in CY 2021-2023. It will cover the procurement of **PhP 5.21 billion** TB drugs and kits based on PhilSTEP1 under the National Tuberculosis Control Program. Further, a total of **PhP 2.09 billion** is needed to fund the procurement of leprosy, filariasis, malaria, and schistosomiasis commodities. For the Prevention and Control of Infectious Diseases, **PhP 44.43 billion** will cover the procurement of Personal Protective Equipment (PPE), HIV drugs, dengue kits, and commodities related to food and waterborne diseases. A total of **PhP 3.14**

²⁸ The UHC Act mandates that the cost of health promotion programs shall be at least one percent (1%) of the total DOH budget appropriations.

billion is needed to fund the purchase of Anti-Rabies vaccines for humans under the Rabies Control Program. For the Prevention and Control of Non-Communicable Diseases, a total of **PhP 5.62 billion** is needed to fund the purchase of hypertension, diabetes, mental health, and cancer commodities.

To prepare and equip the health system to respond better in future pandemics or emerging infectious diseases, this MTEP costing is inclusive of the medium term costing under the Public Health Program for the following: (i) FAPs under the WB and ADB loans whose total project costs for 2020-2023 amounts to **PhP 5.09 billion** for the WB Philippine COVID- Emergency Response Project (PCERP) and **PhP 6.35 billion** for the ADB Health System Enhancement to Address and Limit (HEAL) COVID-19 Project, respectively; and (ii) a newly created line item requested to be included in the GAA under locally-funded projects entitled “Laboratory Testing Commodities and Other MOOE for COVID-19 Testing and Surveillance and Other Infectious Diseases of Public Health Importance” with a budget requirement of **PhP 10.52 billion** in 2021 and inflationary growth of 3 percent in 2022-2023 in the assumption that the COVID-19 pandemic will continue to persist.

Epidemiology and Surveillance Program

For the Epidemiology and Surveillance Program, the medium term costing of **PhP 9.93 billion** will cover for the ongoing and expansion of epidemiology and surveillance activities for various notifiable diseases to support the effective and efficient implementation of the RA No. 11332 or the Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern at all levels, and in compliance with the UHC Act particularly in the generation of population-based disease surveillance. Also under the UHC Act, DOH needs to develop the capacity of LGUs / Province- and City-Wide Health Systems to organize their Provincial Epidemiology and Surveillance Units (PESU) and City Epidemiology and Surveillance Units

(CESU). The additional budget requirements include the operating expenses for the newly created COVID-19 Surveillance Quick Action Unit (CSQAU), staff augmentation and support to operations of CHD Regional Epidemiology and Surveillance Units (RESUs) and BARMM, hiring and deployment of 3,807 plantilla positions for existing public health associates (Health Program Officer II with Salary Grade 15) for disease surveillance, and 100 percent of new plantilla positions for the Epidemiology Bureau in 2022-2023 to strengthen epidemiology and disease surveillance activities. Moreover, the 2021 budget includes the funding for the routine Global Adult Tobacco Survey (GATS) in compliance with the Framework Convention on Tobacco Control. To further augment epidemiology and surveillance activities of UHC integration sites, part of the budget ranging from **PhP 217.52 million** in 2021 to **PhP 354.11 million** in 2023 were included as incentives/grants to LGUs in accordance to Section 22 of the UHC Act.

Health Emergency Management Program

The total budget needed for the Health Emergency Management Program in 2021-2023 is **PhP 3.04 billion**. An inflation rate of 20 percent from 2021 was applied in 2022-2023 to address preparedness and response for the current and future pandemics and/or disasters. Of the medium term requirements, **PhP 144.05 million** was included in 2021, with an inflationary increase in the next two years to support health emergency preparedness and responses activities of UHC integration sites through the form of incentives/grants to LGUs relative to the implementation of Section 22 of the UHC Act. In 2022 to 2023, the total health emergency LGU grants is **PhP 227.68 million** and **PhP 234.51 million**, respectively. The costing also includes the Quick Response Fund of **PhP 500 million** annually as a standby fund during calamities, epidemics, crises, and/or catastrophes, which may not be used for pre-disaster activities²⁹.

29 Per Special Provision of the NEP/GAA

OO2: Access to Curative and Rehabilitative Health Care Service Improved

In order to achieve the OO2 of the DOH-OSEC, a total of **PhP 195.95 Billion** in the medium term is needed to cover the activities under the Health Facilities Operation Program. The

cost items are comprised of DOH hospitals and other DOH health facilities subsidy which include the PS, MOOE, and CO of the following: Operations of National Voluntary Blood Services Programs (NVBSP) and DOH Blood Centers; DOH Hospitals; National and Subnational References Laboratories; and, Drug Abuse Treatment and Rehabilitation Centers (DATRC).

Table 13. Breakdown of the UHC Cost Items in Non-Mandanas Scenario under Organizational Outcome 2, Amount in Billion PhP

Organizational Outcome	Program	Objectives	2020*	2021**	2022	2023
Access to Curative and Rehabilitative Health Care Service Improved	Health Facilities Operation Program	1. To improve access to curative health care services through sustained operations of government hospitals, blood centers, reference laboratories, and dangerous drugs abuse treatment and rehabilitation centers	42.03	64.93	64.70	66.31
		2. To cover salaries and other remuneration of existing personnel in DOH Hospitals and Other DOH Health Facilities				
	Sub-total		42.03	64.93	64.70	66.31

*2020 GAA (exclusive of Bayanihan I and II Act Supplemental Budget)

**2021 Tier 2 values are based on the UHC Act requirements in the original proposal and additional budget request to House of Representatives and Senate of the Philippines

For the Operations of Blood Centers and National Voluntary Blood Services Program, a total of **PhP 2.05 Billion** in the medium term is needed. This will cover the hiring of 276 additional plantilla positions to complete 100 percent of their staffing pattern requirement for the national, sub-national, and regional blood centers. Further, the Tier 2 proposal covers

the operating expenses of the Central Office to sustain and not hamper the operations of the blood centers particularly in the collection of blood units and addressing the Convalescent Plasma Transfusion needs of critical COVID-19 patients. This MOOE was inflated by 3 percent in the next two years.

For the Operations of DOH Metro Manila and Regional Hospitals and other DOH health facilities, a total budget of **PhP 187.53 Billion** is needed in the medium term to fund their existing HRH, and partially provide for additional plantilla positions for the staffing pattern of the Philippine Cancer Center and the National Center for Geriatric Health for 2022. Further, the 2021 Tier 2 of hospitals is based on the normative financing computed by the Health Facility Development Bureau including an additional PhP 1.1 Billion budget request to the Senate for 11 select hospitals (PhP 100 Million each) as augmentation for their operations for COVID-19 response. Further, the operations of DOH Hospitals and other DOH health facilities were subjected to 3 percent inflation for CY 2022 and 2023 except for the Philippine Cancer Center, which has projected their medium-term budgetary requirements.

For the Operations of National and Subnational Reference Laboratories, a total of **PhP 2.13 Billion** is needed from CY 2021-2023. The Tier 2 budget proposal will cover the expansion and augmentation in the MOOE of existing national and sub-national reference laboratories for other infectious diseases (NRLs for antimicrobial resistance, polio, measles, influenza, dengue, rotavirus, emerging and re-emerging bacterial diseases, bacterial enteric diseases, invasive bacterial diseases, transfusion-transmissible infections, national tuberculosis reference laboratory, parasitology malaria, molecular biology, special pathogens, and public health entomology) and the operations for COVID-19 testing quality assurance program, conduct of laboratory assessment, personnel augmentation, training of new COVID-19 laboratories, and conduct of evaluation.

For the Operations of Dangerous Drug Abuse Treatment and Rehabilitation Centers, **PhP 4.24 Billion** is needed to fund the existing personnel and provide subsidy for the operations of existing and newly established DATRCs in the medium term.

OO3: Access to Safe & Quality Health Commodities, Devices and Facilities Ensured

A total budget of **PhP 5.80 Billion** is needed for the activities under the Health Regulatory Program in order to achieve the OO3 of the DOH-OSEC in the medium term. This includes the following cost items: Regulation of Health Facilities and Services; Regulation of Regional Health Facilities and Services; Regulation of Health Establishments and Products (including SAGF); Provision of Quarantine Services and International Health Surveillance (including SAGF) and; Health Technology Assessment.

Table 14. Breakdown of the UHC Cost Items in Non-Mandanas Scenario, under Organizational Outcome 3, Amount in Billion PhP

Organizational Outcome	Program	Objectives	2020*	2021**	2022	2023
Access to Safe and Quality Health Commodities, Devices and Facilities Ensured***	Health Regulatory Program***	1. To cover salaries and other remuneration of existing personnel in the DOH-Central Office, Centers for Health Development, FDA, and BOQ.	1.54	1.94	1.91	1.94
		2. To expand the functions of HFSRB and DOH regional regulatory counterparts, FDA, and BOQ.				
	Sub-total		1.54	1.94	1.91	1.94

*2020 GAA (exclusive of Bayanihan I and II Act Supplemental Budget)

**2021 Tier 2 values are based on the UHC Act requirements in the original proposal and additional budget request to the House of Representatives and Senate of the Philippines

***Including budget requirements for Food and Drug Administration and Bureau of Quarantine under Special Accounts in the General Fund

For the Regulation of Health Facilities and Services, a total of **PhP 381.45 million** is needed for CY 2021-2023. The Tier 2 proposal in 2021 covers the hiring of additional 12 teams of Regulatory Officers to ensure the accreditation and monitoring of new and emerging health facilities, expansion of regulatory activities for licensing of all primary care facilities, surveillance of unlicensed health facilities, inspection of health facilities for renewal of license to operate, and other regulatory services such as fact-finding investigations. For the regional counterparts under the Regulation of Regional Health Facilities and Services, **PhP 819.39 million** is needed to strengthen the regulatory capacities in the CHDs in the medium term.

A total of **PhP 3.23 Billion** is needed for the Regulation of Health Establishments and Products to expand the functions of the FDA in

the medium term. This includes the allocation of FDA under the SAGF. The Tier 2 proposal in 2021 covers the implementation of the Information System Strategic Plan (ISSP) of the FDA to be derived as budgetary support from the national government instead of the FDA income.

For the Provision of Quarantine Services and International Health Surveillance, a total of **PhP 1.25 Billion** is needed for CY 2021-2023. This will cover the expansion of the functions of the BOQ. Specifically, the Tier 2 proposal in 2021 will include the operational requirement of the BOQ to capacitate the newly constructed quarantine stations and to fund mandatory requirements in order to respond effectively/efficiently to public health emergencies in ports of entry especially during pandemic. Further, this will augment the existing job order personnel to address the growing demands in the BOQ Main Office.

Lastly, for the Health Technology Assessment, a total of **PhP 119.51 million** in the medium term is needed to fund the 100 percent staffing requirement for the HTA unit as mandated by the Section 34 of the UHC Act. Further, the Tier 2 proposal shall cover for the HTA Council Honoraria, Job Order salaries, and the commissioned HTA Evidence Reviews pursuant to RA No. 11223.

All MOOE of these five cost items under the Health Regulatory Program were subjected to 3 percent inflation rate in the medium-term.

OO4: Access to Social Health Protection Assured

In order to attain the OO4 of the Department, a total of **PhP 53.53 billion** is needed to fund the Social Health Protection Program in the medium term. It covers initially half of the staffing requirement of the Malasakit Program Office while the remaining half are programmed in 2022, and the continuation of the provision of medical assistance to indigent patients were subjected to 3 percent inflation.

Table 15. Breakdown of the UHC Cost Items in Non-Mandanas Scenario, under Organizational Outcome 4 , Amount in Billion PhP

Organizational Outcome	Program	Objectives	2020*	2021**	2022	2023
Access to Social Health Protection Assured	Social Health Protection Program	To provide medical assistance to indigent patients either confined or out-patients in government hospitals,/ specialty hospitals/ LGU hospitals / Philippine General Hospitals / West Visayas State University Hospital	10.48	17.31	17.84	18.37
	Sub-total		10.48	17.31	17.84	18.37

*2020 GAA (exclusive of Bayanihan I and II Act Supplemental Budget)

**2021 Tier 2 values are based on the UHC Act requirements in the original proposal and additional budget request to the House of Representatives and Senate of the Philippines

Scenario 3: Mandanas Implementation in UHC Integration Sites (Modified Cost Estimate)

Due to anticipated implementation of the Mandanas case ruling, the modified cost estimate scenario presents the costing

requirement of UHC Act implementation and the re-devolution of certain commodities and capital expenditures to LGUs of the UHC-IS. This scenario assumes that the Mandanas case ruling will have pilot implementation in LGUs that are ready for integration. The funds for the implementation of re-devolved functions are recommended to be transferred through the Special Health Fund (SHF) to ensure that

the funds will be used for health, subject to DBM approval. Table 16 shows the summary of estimated UHC Cost if the Mandanas case ruling will be implemented in the UHC-IS. Table 16 shows the details of this scenario per cost item under OO1 which has been affected by the re-devolution of funds. (*Refer to **Annex D** for the detailed Budget Allocation per P/A/P in the Mandanas Scenario in UHC-IS*)

The Mandanas Scenarios 3 and 4 assume that the unit cost for commodities is based on the centralized procurement at the DOH Central Office. There will be less economies of

scale in cases where LGUs procure their own commodities by virtue of re-devolved functions; thus, the unit cost might end up higher and the amount devolved from DOH may not be responsive to the actual LGU needs.

Further for both Scenarios 3 and 4, only activities contributing to Organizational Outcome 1 will be devolved where the public health commodities and capital outlay are categorized. The budget allocation under PhilHealth; Agency Specific Budget; Organizational Outcomes 2, 3, and 4 of the DOH-OSEC will be retained similarly with the Non-Mandanas Budget Scenario 2.

Table 16. Summary of Estimated UHC Cost in the Mandanas Scenario in UHC Integration Sites, by Tier, Amount in Billion Ph

Particulars	2020 (Base-line)	UHC Medium-Term Costing (Modified Cost Estimate, Mandanas Scenario in UHC-IS)									TOTAL (2021-2023)
		2021			2022			2023			
		NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total	
PhiHealth Premium Subsidy	71.35	71.35	66.73	138.09	73.49	84.75	158.25	75.70	102.26	177.95	474.29
Financial Risk Protection Improved	71.35	71.35	66.73	138.09	73.49	84.75	158.25	75.70	102.26	177.95	474.29
DOH-OSEC	117.26	130.98	101.72	232.70	123.69	157.90	281.59	123.32	164.69	288.01	802.30
Agency Specific Budget	9.07	9.90	2.31	12.21	9.93	1.51	11.44	9.96	1.35	11.31	34.96
OO1: Access to Promotive & Preventive Health Care Service Improved	51.32	51.19	81.78	132.97	44.41	137.86	182.27	42.99	143.54	186.53	501.78
OO2: Access to Curative & Rehabilitative Health Care Service Improved	42.03	47.70	17.23	64.93	46.53	18.17	64.70	46.88	19.43	66.31	195.95
OO3: Access to Safe & Quality Health Commodities, Devices & Facilities Ensured (including budget of FDA and BOQ under SAGF)	1.54	1.54	0.40	1.94	1.56	0.35	1.91	1.59	0.36	1.94	5.80
OO4: Access to Social Health Protection Assured	10.48	17.31	0.007	17.31	17.83	0.01	17.84	18.36	0.01	18.37	53.53
Automatic Appropriations	2.78	3.30	0	3.30	3.40	0	3.40	3.50	0	3.50	10.30

Particulars	2020 (Base-line)	UHC Medium-Term Costing (Modified Cost Estimate, Mandanas Scenario in UHC-IS)									TOTAL (2021-2023)
		2021			2022			2023			
		NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total	
Franchise Tax	0.03	0.03	0	0.03	0.03	0	0.03	0.03	0	0.03	0.09
TOTAL UHC Cost	188.61	202.33	168.46	370.79	197.19*	242.65	439.84	199.01*	266.95	465.96	1,276.59

Note: Majority of NEP and Tier 1 levels are values from Scenario 1, however, some items have lower Tier 1 level than Scenario 1 due to the reduction from re-devolved activities to UHC-IS

*2020 GAA, WB and ADB loans (exclusive of Bayanihan I and II Act Supplemental Budget)

**2021 Tier 2 values are based on the UHC Act implementation requirements in the original proposal, PHFDP, and additional budget requests to the House of Representatives and Senate

OO1: Access to Promotive and Preventive Health Care Service Improved

In the modified cost in Scenario 3, a total of **PhP 501.78 billion** is needed to fund the activities under OO1 in the medium term with implementation of both the UHC Act provisions and Mandanas Case Ruling in the UHC Integration Sites. No activities will be devolved under the Health Policy Standards Development Program, Epidemiology and Surveillance Program, and Health Emergency Management Program, except for the Health Systems Strengthening Program and Public Health Program.

Health Systems Strengthening Program

Under Scenario 3, no cadres from the HRH Deployment and Epidemiology and Surveillance line items were re-devolved to the UHC-IS as it will cause further inequitable HRH distribution.

Further, under the HFEP, in terms of the Capital Outlay support to LGUs, it will provide funding support only to 50 percent of the primary care facility gaps in non UHC-IS provinces and Category 1 UHC-IS provinces (low capacity, high gap) under the allocation framework in the updated PHFDP. The remaining gaps in these

areas will be funded by the local government. Meanwhile, for UHC-IS provinces which fall under Category 2 to 4, all the gaps in primary care facilities will be shouldered by the LGUs under Scenario 3. For gaps in Level 1 to 3 government hospital beds, HFEP will continuously provide funding support for the achievement of the Philippine Health Facility Development Plan. The HFEP budget requirement in the next three years will thereby decrease by **PhP 8.88 billion**.

Public Health Program

The Mandanas case ruling for 2021-2023 to UHC-IS was applied to the following line items: Environmental and Occupational Health; Family Health, Nutrition, and Responsible Parenting; Elimination of Diseases; Prevention and Control of Other Infectious Diseases; and, Prevention and Control of Non-Communicable Diseases. The public commodities under the National Immunization Program, Rabies Control Program, and Tuberculosis Control Program will be retained with DOH.

The equivalent amount of select public health commodities that will re-devolved as the responsibility of LGUs of UHC-IS in the medium term is **PhP 1.87 billion**³⁰. Under the Family

30 Amount reduced may comprise either Tier 1 and/or Tier 2 since the costing are based on full funding requirements. The amount may not necessarily be equivalent to the actual LGU needs due to varying unit costs from previously centrally procured commodities.

Health, Nutrition, and Responsible Parenting, the budget will be reduced by **PhP 769.67 million**³¹ in the medium term if the procurement of combined oral contraceptives (COC), male condoms, and depo medroxyprogesterone acetate (DMPA) vials will be devolved to UHC-IS. For the Prevention and Control of Infectious Diseases, the budget requirement will be reduced by **PhP 435.88 million**³² for the re-devolution in the procurement of dengue test kits, emerging and re-emerging infectious disease (EREID) commodities, commodities for food and waterborne diseases, HIV drugs (azithromycin, cefixime) and rapid test kits,

and albendazole for deworming. For the Non-Communicable Diseases, the budget requirement in the medium term will decrease by **PhP 637.46 million**³³ once the hypertension and diabetes drugs will be re-devolved to the LGUs. Meanwhile, a total of **PhP 18.97 million**³⁴ will be reduced under the Elimination of Diseases budget if the procurement of leprosy drugs will be re-devolved. Lastly, for the Environmental and Occupational Health, the total budget requirement in the medium term will be reduced by **PhP 4.34 million** due to re-devolution of commodities to the UHC-IS.

Table 17. Breakdown of UHC Cost Items in Mandanas Scenario in UHC Integration Sites, under Organizational Outcome 1, Amount in Billion PhP

Organizational Outcome	Program	Objectives	2020*	2021**	2022	2023
Access to Promotive and Preventive Health Care Service Improved	Health Policy Standards Development Program	To ensure alignment of policies, programs, and standards towards sectoral goals on equity, access, and quality of care	0.29	0.27	0.28	0.28
	Health Systems Strengthening Program	<ol style="list-style-type: none"> 1. To ensure access to effective, safe and quality health care services through technical and logistics support to LGUs 2. To achieve ratios: 1 RHU per 20,000 population and 2.7 beds: per 1,000 population 3. To provide Financial and non-financial incentives/ grants to UHC-IS in the medium term to improve functionality of province-wide and city-wide health systems 	28.66	69.22	117.08	118.59

31 *ibid.*

32 *ibid.*

33 *ibid.*

34 *ibid.*

Organizational Outcome	Program	Objectives	2020*	2021**	2022	2023
		4. To ensure access to quality health care services through competent, responsive and productive health workforce (salaries with annual SSL adjustment) 5. To enable the Filipino people to achieve optimum level of health through provision of information and education to enhance their health knowledge and skills				
	Public Health Program	To cover public health commodities downloaded to LGUs based on medium-term program requirements and target beneficiaries/ population, with consideration to existing unfunded laws ³⁵ and implementation of Mandanas Case Ruling in the UHC-IS.	21.42	62.62	63.24	65.84
	Epidemiology and Surveillance Program	All other cost items are the same as Scenario 2	0.12	3.14	3.21	3.32
	Health Emergency Management Program	All other cost items are the same as Scenario 2	0.83	0.93	1.05	1.10
	Sub-total		51.32	132.97	182.27	186.53

*2020 GAA, WB and ADB loans (exclusive of Bayanihan I and II Act Supplemental Budget)

**2021 Tier 2 values are based on the UHC Act implementation requirements in the original proposal and additional budget requests to the House of Representatives and Senate

35 Include but not limited to the Cancer Act, Mental Health Act, UHC Act, HIV Act, 1000 Days Act

Scenario 4: Mandanas Implementation Nationwide (Alternate Cost Estimate)

Given that the Mandanas case ruling will be eventually implemented nationwide in the future, scenario 4 is an alternate cost estimate of scenario 3. Scenario 4 presents the costing requirement of the UHC Act implementation and the re-devolution of funds for certain commodities, HRH, and capital outlay to all

LGUs preferably through the SHF, subject to DBM approval. The same assumptions from the Non-Mandanas scenario were used for PhilHealth, Agency Specific Budget, Organizational Outcomes 2, 3, and 4 of the DOH-OSEC. Only the HRH Deployment, deployment of PHAs, select commodities, and HFEP will vary in scenario 4. Table 18 shows the summary of estimated UHC Act implementation cost if the Mandanas case ruling will be implemented nationwide, while Table 19 details the cost items in this scenario. (Refer to **Annex E** for the detailed Budget Allocation per P/A/P in the Mandanas Scenario Nationwide)

Table 18. Summary of Estimated UHC Cost in the Nationwide Implementation of Mandanas Case Ruling, by Tier, Amount in Billion PhP

Particulars	2020 (Base-line)	UHC Medium-Term Costing (Alternate Cost Estimate, Mandanas Scenario Nationwide)									TOTAL (2021-2023)
		2021			2022			2023			
		NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total	
PhiHealth Premium Subsidy	71.35	71.35	66.73	138.09	73.49	84.75	158.25	75.70	102.26	177.95	474.29
Financial Risk Protection Improved	71.35	71.35	66.73	138.09	73.49	84.75	158.25	75.70	102.26	177.95	474.29
DOH-OSEC	117.26	123.50	95.82	219.32	123.69	144.60	268.29	123.32	144.29	267.61	755.22
Agency Specific Budget	9.07	9.90	2.31	12.21	9.93	1.51	11.44	9.96	1.35	11.31	34.96
OO1: Access to Promotive & Preventive Health Care Service Improved	51.32	43.72	75.88	119.59	37.05	131.92	168.97	29.31	136.82	166.13	454.69
OO2: Access to Curative & Rehabilitative Health Care Service Improved	42.03	47.70	17.23	64.93	46.53	18.17	64.70	46.88	19.43	66.31	195.95
OO3: Access to Safe & Quality Health Commodities, Devices & Facilities Ensured (including budget of FDA and BOQ under SAGF)	1.54	1.54	0.40	1.94	1.56	0.35	1.91	1.59	0.36	1.94	5.80
OO4: Access to Social Health Protection Assured	10.48	17.31	0.007	17.31	17.83	0.01	17.84	18.36	0.01	18.37	53.53
Automatic Appropriations	2.78	3.30	0	3.30	3.40	0	3.40	3.50	0	3.50	10.30

Particulars	2020 (Base-line)	UHC Medium-Term Costing (Alternate Cost Estimate, Mandanas Scenario Nationwide)									TOTAL (2021-2023)
		2021			2022			2023			
		NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total	
Franchise Tax	0.03	0.03	0	0.03	0.03	0	0.03	0.03	0	0.03	0.09
TOTAL UHC Cost	188.61	194.85	162.56	357.41	197.19*	229.35	426.54	199.01*	246.55	445.56	1,229.51

Note: Majority of NEP and Tier 1 levels are values from Scenario 1, however, some items have lower Tier 1 level than Scenario 1 due to the reduction from re-devolved activities to all LGUs nationwide

*2020 GAA, WB and ADB loans (exclusive of Bayanihan I and II Act Supplemental Budget)

**2021 Tier 2 values are based on the UHC Act implementation requirements in the original proposal, PHFDP, and additional budget requests to the House of Representatives and Senate

OO1: Access to Promotive and Preventive Health Care Service Improved

OO1: Access to Promotive and Preventive Health Care Service Improved

In Scenario 4, in order to attain the OO1, a total of **PhP 454.69 billion** is needed in the medium term. Similarly with Scenario 3, the funding requirements for the Health Policy Standards Development Program and Health Emergency Management Program will not be reduced by the re-devolution of activities, except for the Health Systems Strengthening Program, Epidemiology and Surveillance Program, and Public Health Program.

Health Systems Strengthening Program

In terms of the HFEP, Scenario 4 assumes that it will fund 50 percent of the primary care facility gaps in Category 1 provinces (low capacity, high gap) in the updated PHFDP. In this scenario, LGUs will shoulder projects for completion, repair, renovation, upgrading, and equipping of Primary Care Facilities in provinces under the Category 2 to 4 in the updated PHFDP in the medium-term. Further, gaps in Level 1 to 3 government hospital beds will be supported by HFEP for 2022-2023, similar with the costing and assumptions in Scenarios 2 and 3. Due to this re-devolution of

capital expenditure responsibilities to the LGUs for primary care facilities, the HFEP budget in the medium term will be reduced by **PhP 14.18 billion** if the Mandanas case ruling will be implemented nationwide.

Unlike Scenario 3 where devolution of HRH cadres may cause further inequities, the HRH Deployment in Scenario 4 will have partial implementation of the Mandanas case ruling in 2021-2022 and full implementation by 2023. In 2022, the re-devolution of HRH will be implemented in 1st to 3rd class cities/municipalities only; while, the HRH deployment to GIDAs, particularly to 4th to 6th class cities/municipalities, will be retained by DOH. The total HRH to be retained under DOH in 2022 and 2023 will be 11,690 and 2,844 respectively, as compared to the 26,389 HRH in 2021. By 2023, there will be devolution of HRH deployment to the 1st to 6th class cities/municipalities; however, deployment of physicians and midwives with return service agreements will be retained by DOH. The various cadres that will be reduced and re-devolved in 2022 are nurses, midwives, dentists, pharmacists, and nutritionist-dietitians, while in 2023, the medical technologists will be added to the 2022 list of cadres that will be devolved to LGUs. The equivalent amount of HRH deployment cadres that will be re-devolved under the LGUs' purview in the medium term is **PhP 41.10 billion**.

Public Health Program

The Mandanas case ruling for 2021-2023 nationwide was applied to the following line items: Environmental and Occupational Health; Elimination of Diseases; Prevention and Control of Other Infectious Diseases; and, Non-Communicable Diseases. However, in the case of Family Health, Nutrition, and Responsible Parenting, the costing requirement in Scenario 4 reflects the Mandanas costing from Scenario 3 for UHC-IS only for 2022-2023. The public commodities under the National Immunization Program, Rabies Control Program, and Tuberculosis Control Program will be retained by DOH. This scenario assumes that the unit cost for commodities is based on DOH Central Office procurement. Since there may be less economy of scale when LGUs procure re-devolved commodities, the unit cost might end up higher and the amount devolved from DOH may not be responsive to the actual needs of LGUs.

In Scenario 4, the equivalent amount of certain public health commodities that will re-devolved nationwide to all LGUs in the medium term is **PhP 2.50 billion**³⁶. Under the Family Health, Nutrition, and Responsible Parenting, the budget will narrow down by **PhP 769.67 million**³⁷ in the medium term, just like in Scenario 3, if the procurement of oral contraceptives pills, male condoms, and depo injections will be devolved to all LGUs nationwide. For the Prevention and Control of Infectious Diseases, the budget requirement for Scenario 4 will lower down by **PhP 500.32 million**³⁸ for the re-devolution in the procurement of dengue test kits, emerging and re-emerging infectious disease (EREID) commodities, commodities for food and waterborne diseases, HIV drugs and

rapid test kits, and albendazole for deworming of school-aged children. The bulk in the reduction of commodities can be attributed to the Non-Communicable Diseases line item since the budget requirement in the medium term will reduce by **PhP 1.18 billion**³⁹ if certain hypertension, diabetes, and cancer commodities are re-devolved to the LGUs. Meanwhile, the budget in Scenario 4 under the Elimination of Diseases line item will diminish by twice as much as compared to Scenario 3 with a reduction of **PhP 37.96 million** if the procurement of commodities for leprosy will be re-devolved. Lastly, for the Environmental and Occupational Health, the total budget requirement in the medium term will be lessened by **PhP 5.71 million** due to re-devolution of all commodities in 2022-2023 to all LGUs nationwide.

Epidemiology and Surveillance Program

Further, of the 3,807 public health associates (PHAs) for disease surveillance in 2021, only 3,485 will be retained by DOH for 2022; while, the remaining 322 PHAs will be devolved to 1st class cities/municipalities. There will be full implementation of Mandanas case ruling in 2023 for all PHAs; hence, none will be retained by DOH and the LGUs will be responsible for hiring their respective PHAs. The HRH complementation for newly constructed BHS and RHUs will also be the responsibility of LGUs, but LGUs may still request HRH augmentation through the National Health Workforce Support System.

36 Amount reduced may comprise either Tier 1 and/or Tier 2 since the costing are based on full funding requirements. The amount may not necessarily be equivalent to the actual LGU needs due to varying unit costs from previously centrally procured commodities.

37 *ibid.*

38 *ibid.*

39 *ibid.*

Table 19 . Breakdown of UHC Cost Items in Nationwide Mandanas Scenario, under Organizational Outcome 1, Amount in Billion PhP

Organizational Outcome	Program	Objectives	2020*	2021**	2022	2023
Access to Promotive and Preventive Health Care Service Improved	Health Policy Standards Development Program	All other cost items are the same as Scenario 2	0.29	0.27	0.28	0.28
	Health Systems Strengthening Program	<ol style="list-style-type: none"> 1. To ensure access to effective, safe and quality health care services through technical and logistics support to LGUs 2. To achieve ratios: 1 RHU per 20,000 population and 2.7 beds per 1,000 population 3. To provide Financial and non-financial incentives/ grants to UHC-IS in the medium term to improve functionality of province-wide and city-wide health systems 4. To ensure access to quality health care services through competent, responsive and productive health workforce (salaries with annual SSL adjustment) 5. To enable the Filipino people to achieve optimum level of health through provision of information and education to enhance their health knowledge and skills 	28.66	52.82	101.19	95.60
	Public Health Program	To cover public health commodities downloaded to LGUs based on medium-term program requirements and target beneficiaries/population, with consideration to existing unfunded laws ⁴⁰ and implementation of Mandanas Case Ruling nationwide.	21.42	62.43	63.04	65.60

40 Include but not limited to the Cancer Act, Mental Health Act, UHC Act, HIV Act, 1000 Days Act

Organizational Outcome	Program	Objectives	2020*	2021**	2022	2023
	Epidemiology and Surveillance Program	All other cost items are the same as Scenario 2 except for the re-devolution of Public Health Associates	0.12	3.14	2.97	0.48
	Health Emergency Management Program	All other cost items are the same as Scenario 2	0.83	0.93	1.05	1.10
	Sub-total		51.32	119.59	168.97	166.13

*2020 GAA, WB and ADB loans (exclusive of Bayanihan I and II Act Supplemental Budget)

**2021 Tier 2 values are based on the UHC Act requirements in the original proposal and additional budget request to House of Representatives and Senate of the Philippines

Over the medium-term, the DOH-OSEC and PhilHealth will require a total budget **PhP 598.78 billion, PhP 1.29 trillion, PhP 1.28 trillion and PhP 1.23 trillion** under scenarios 1 to 4, respectively (Table 20). Further discussion on the UHC MTEP requirements, available resources, and resource gaps are detailed in Chapter 5.

Table 20. Summary of UHC MTEP Requirements, in Billion PhP, CY 2020-2023

Scenario	2020 (Baseline)	UHC Medium-Term Costing			Total (2021-2023)
		2021	2022	2023	
Scenario 1 (Status Quo)	188.61	202.58	197.19	199.01	598.71
Scenario 2 (NonMandanas, High Cost)	188.61	374.55	443.15	469.39	1,287.09
Scenario 3 (Mandanas in UHC-IS, Modified Cost)	188.61	370.79	439.84	465.96	1,276.59
Scenario 4 (Mandanas Nationwide, Alternate Cost)	188.61	357.41	426.54	445.56	1,229.51

CHAPTER 5: ESTIMATED RESOURCE GAPS AND WAYS FORWARD

Resource Gap

In the medium term, the DOH-OSEC and PhilHealth will need a total of **PhP 598.78 billion** under the status quo scenario, which allows the implementation of ongoing or NEP-based activities only (Scenario 1), and **PhP 1.29 trillion** under the Non-Mandanas scenario, which is the full requirement of programs relative to UHC Act implementation (Scenario 2). In the case of possible Mandanas case ruling implementation in the next 2 years, a total of **PhP 1.28 trillion**

will be needed if it will be carried out in UHC-IS only (Scenario 3), and **PhP 1.23 trillion** if nationwide implementation (Scenario 4).

Given the limited fiscal space with an economic downturn due to the COVID-19 pandemic, there will be a wide resource gap over the medium term. Hence, resource gap is defined as the difference between the total UHC Act implementation requirement and current funding level or the total fund allotted by the DBM.

Figure 3. Summary of UHC Requirements for CY 2020-2023

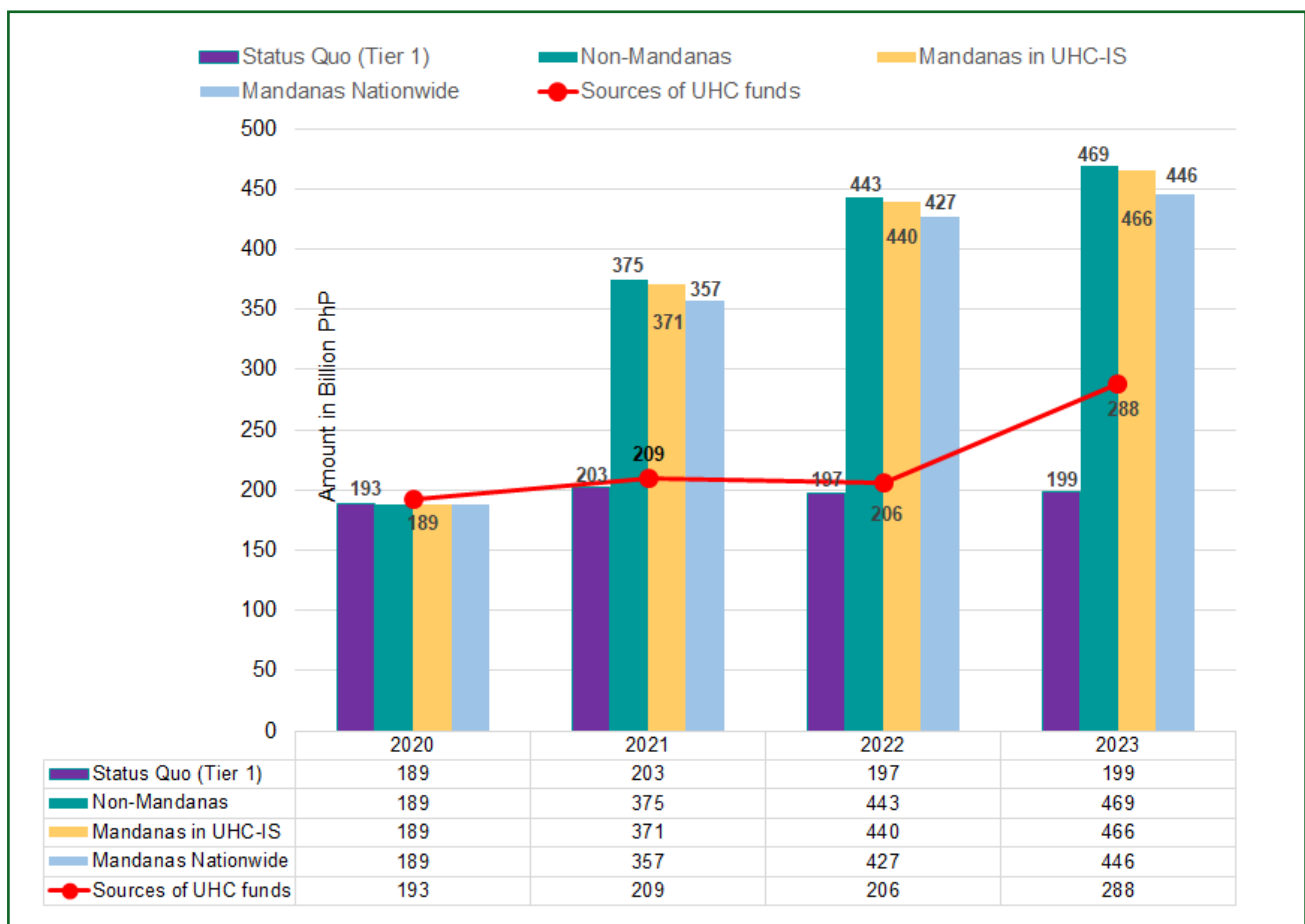


Figure 3 summarizes the UHC Act implementation requirements of the DOH-OSEC and PhilHealth in scenarios 1 to 4 over the medium term. The red line graph represents the total possible sources of funding, as stipulated in the Section 37 of the UHC Act (*Refer to Table 1 in page 16 for the breakdown of sources of funds*). Over the medium term, a total of **PhP 703.71 billion** is the projected amount of possible sources of funding for the UHC Act Implementation.

Based on the graph above, there is no resource gap in scenario 1 over the medium term since it covers the cost of existing and ongoing activities based on NEP only. This means that the DBM allocation based on GAA, and loan proceeds from FAPs are enough to cover the cost requirements in scenario 1 considering that the approved NEP level also accounted for the absorptive capacity of the agency during DBM evaluation. However, scenario 1 does not provide for the full requirements to implement the UHC Act and may result in minimal improvement of the health outcomes in the sector.

In scenarios 2 to 4, the UHC Act costing requirement exceeds both the total DBM allocation and estimated fiscal space based on available sources of funding. Given this, there will be a resource gap of **PhP 660.06 billion** in the Non-Mandanas scenario (Scenario 2), **PhP 649.56 billion** in the Mandanas in UHC-IS only scenario (Scenario 3) and **PhP 602.48 billion** in the Mandanas nationwide scenario (Scenario 4) over the medium term. This will impede the full implementation of the UHC Act.

Ways Forward

The next 2-3 years is a crucial time for the health sector to improve its overall responsiveness and efficiency in adapting to the health needs of the public through the implementation of the UHC Act. Also, it is an opportune time to bridge the gap in adapting to the public health crisis and facilitate the shift towards the new normal. Given the limited resources, the government should explore other options in expanding the fiscal space for health in the Philippines. This

may be through the realignment of the overall government budget to priority programs like health to cover shortfall from earmarked revenues and premium collections to cover shortfalls by incurring debts, and renegotiation with LGUs on health accountabilities with expected increase in 2022⁴¹.

In terms of the Catch-up Plan to implement key reforms of UHC, which underscores health systems resiliency and the shift towards the new normal, the following are being undertaken:

1. Strengthening capacities of LGUs to implement population-based services and primary care and to respond readily to emerging threats and emergencies through more integrated health systems including implementation of alternative modes of service delivery to comply to infection control standards and physical distancing;
2. Improving health system capacities to adequately respond to health emergencies, particularly for emerging infections;
3. Institutionalizing streamlined and digital processes and mechanisms, emphasizing enhanced and more instantaneous data generation and analytics;
4. Maximizing multi-sectoral engagement - private, civil society other local and international partners - to manage public health emergencies; and,
5. Instilling more responsible community behavior through enhanced health promotion and health literacy campaign.

In addition, a more specific strategic approach in response to the COVID-19 pandemic will be based on the Forward Plans on COVID-19 (Table 21) through five work streams, with respective objectives and outputs by 2022.

41 USAID Webinar on Fiscal Space of Indonesia and Philippines dated July 28, 2020

Table 21. Forward Plans on COVID-19

Five Work Streams	Delivering on UHC Mandates	Managing COVID-19 Response	Increasing Health Service Delivery Capacities	Establishing the Philippine Centers for Disease Control	Perfecting Vaccine Delivery
Outputs by 2022	At least 1 working model for provincial integrated system	Timely resolution of implementation issues	Zero backlog on primary care capacity (HRH & facilities)	All ESU/PESU are functional	Distribution system ready for vaccine roll-out Distribution system ready for vaccine roll-out
Objective	Deliver the FTD 3-point agenda: primary care, province/city-wide health systems and predictable precise fees (PhilHealth)	Lead the following initiatives: COVID-19 policies, TGRO (Task Group on Resource Operations), TGRML (Task Group on Resource Management and Logistics), TGStratcom (Task Group on Strategic Communications)	Implement the Philippine Health Facility Development Plan and expansion of the National Resource Master Plan to complement it	Design systems for surveillance, control, and prevention to not just predict, but anticipate with confidence the emerging and re-emerging public health threats	Institutionalize the logistics and delivery arm for vaccines for preventable diseases

Given that this document has been written in time of pandemic, the following considerations may also be considered in the future updating of the DOH UHC MTEP to fully encapsulate the needs of the health sector:

- Delays in Health Facilities Enhancement Program projects;
- Completion rate of health facility construction as based for costing of equipping;
- Inclusion of physical targets in the updated National Objectives for Health;
- Staffing pattern of other DOH units; and,
- COVID-adjusted Information Systems Strategic Plan (ISSP).

ANNEXES

- Annex A.** List of Policies by UHC Act Chapters and its Status
- Annex B:** Scenario 1 (Tier 1) UHC MTEP Distribution per P/A/P and by Tier
- Annex C:** Scenario 2 (Non-Mandanas) UHC MTEP Distribution per P/A/P and by Tier
- Annex D:** Scenario 3 (Mandanas in UHC-IS) UHC MTEP Distribution per P/A/P and by Tier
- Annex E:** Scenario 4 (Mandanas Nationwide) UHC MTEP Distribution per P/A/P and by Tier

Annex A. List of Policies by UHC Act Chapters and its Status

As of December 12, 2020

Policy	Status
Universal Health Care (3) (Population Coverage, Service Coverage, Financial Coverage)	
1. Philhealth Circular 2020-002 , Governing Guidelines of the Philhealth Konsultang Sulit at Tama (Konsulta) Package Expanding the Primary Care Benefit to all Filipinos	Approved January 20, 2020 and Published
2. AO 2020-0024 , Primary Care Policy Framework and Sectoral Policies	Approved and Published in the Philippine Star on June 3, 2020
3. Guidelines for Registration of Filipinos to Primary Care Care Provider Networks (Joint AO DOH-PHIC)	Approved by the DOH Executive Committee last June 16, 2020 and for signing of PhilHealth
Health Service Delivery (10) (Population-based Health Services & Individual-based Health Services)	
1. AO 2020-0040 , Guidelines on Population-based and Individual-based Primary Care Service Packages	Approved, posted in the DOH Intranet last September 8, 2020 and published in the Philippine Star on September 11, 2020
2. AO 2020-0019 , Guidelines on the Service Delivery Designs of the Health Care Provider Networks	Approved, posted in the DOH Intranet last May 14, 2020 and Published in the Philippine Star on May 22, 2020
3. Guidelines in Strengthening Epidemiologic Surveillance System - Covered under IRR RA 11332 Mandatory Reporting of Notifiable Diseases and Health Events	Approved and published in the Philippine Star and Inquirer last April 23, 2020
4. AO 2020-0036 , Institutionalization of Disaster Risk Reduction Management for Health in Province-wide /City-Wide Health Systems	Approved, posted on Intranet last August 11, 2020 and published in the Philippine Star on August 17, 2020

Policy	Status
5. AO 2020-0018, Guidelines on Contracting Provincial Wide / City Wide Health Systems	Approved and Published in the Philippine Star on May 20, 2020
6. Philhealth Circular on the Implementing Guidelines for the KONSULTA Package	Presented to the DOH Executive Committee last August 11, 2020 and for PhilHealth signature
7. Philhealth Circular on the Accreditation Standards for Konsulta Package	Presented to the DOH Executive Committee last August 11, 2020 and for PhilHealth signature
8. JMC on Implementing Guidelines on Prospective Payment Mechanism: Philhealth Costing and Costing Methodology Guiding Principles on Global Budget Guiding Principles on Diagnosis Related Groups (DRG)	Ongoing
9. Guidelines on Co-payment policy to all Members Admitted in any Basic or Ward Accommodations	For development / updating
10. Accreditation of Health Care Providers for the KONSULTA Package	For Approval
Organization of the Local Health Systems (4) (Integration of Local Health Systems into Province-Wide and City-Wide Health System, Special Health Fund, Income Derived from PhilHealth Payments and Incentives for Improving Competitiveness of the Philippine Health Service Delivery System)	
1. AO 2020-0021, Guidelines on Integration of the Local Health System into Provincial Wide / City Wide Health System	Approved and Published in the Philippine Star on May 27, 2020
2. AO 2020-0022, Guidelines on the Development of Local Investment Plan for Health (LIPH)	Approved and Published in the Philippine Star on May 27, 2020
3. AO 2020-0037, Guidelines on the Implementation of the Local Health Systems Maturity Levels	Approved, posted in the DOH intranet last August 19, 2020 and published in the Philippine Star on August 27, 2020

Policy	Status
4. JMC, Guidelines on the Allocation, Utilization, Monitoring and Accountability of the Special Health Fund	Approved by the DOH Executive Committee during the 80th Execom Meeting. Signed by DOH and Philhealth
Human Resources for Health (5) (National Health Human Resource Master Plan, National Health Workforce Support System, Scholarship and Training Program, Return Service Agreement)	
1. AO 2020-0038 , Guidelines on the Deployment of Human Resources for Health under the National Health Workforce Support System	Approved, posted in the DOH Intranet last August 20, 2020 and published in the Philippine Star on August 28, 2020
2. JAO 2020-0001 , Guidelines on the Certification of Primary Care Workers for Universal Health Care	Approved, posted in the DOH Intranet last August 24, 2020 and published in the Philippine Star on August 28, 2020
3. DOH-CHED-PRC JAO on Reorientation of health care professionals and health care worker curriculum towards primary health care	DOH Execom Approved
4. DOH-CHED-PRC-TESDA-DOST JAO on Guidelines for Expanding Health Professional and Health	Ongoing
5. AO on National Health Workforce Registry	Ongoing
Regulation (12) (Safety and Quality, Affordability, Equity)	
1. DC 2020-0176 , Manual of Primary Care Facility Standards	Approved April 13, 2020 and posted in the Intranet last April 15, 2020
2. AO 2020-0023 , Guidelines on Identifying Geographically Isolated and Disadvantaged Areas (GIDAs) and Strengthening their Health Systems	Approved and Published in the Philippine Star on June 1, 2020
3. AO 2020-0047 , Rules and Regulations Governing the Licensure of Primary Care Facilities in the Philippines	Approved, posted in the intranet last October 7, 2020 and published in the Philippine Star on October 14, 2020

Policy	Status
4. AO 2020-0043 , Guidelines on Ensuring the Affordability of Essential Medicines in DOH Facilities Through the Regulation of Price Mark-ups	Approved, posted in the intranet last September 15, 2020 and published in the Philippine Star on September 22, 2020
5. AO 2020-0039 , Guidelines for the Implementation of Maximum Retail Price (MRP) on Drugs and Medicine	Approved, posted in the intranet last August 26, 2020 and published in the Philippine Star on August 30, 2020
6. AO on Revised Policy on the Development of Clinical Practice Guidelines	ongoing
7. DOH-PHIC-DTI JAO on Constitution of the Price Negotiation Board and Implementing Guidelines on Price Negotiation for Innovative, Proprietary, Patented and Single-sourced Health Commodities	Approved
8. AO on Submission of Price Information of Health Services	Ongoing
9. AO on submission of Price Information on Goods, Drugs and Medical Services	For Development
10. AO on Generic Drugs in the Primary Care Formulary and their Corresponding Fair Prices	For Development
11. AO on Standards on Basic and Non-Basic Accommodation in all Hospitals	Approved
12. AO on Prioritization of Processing of Application of DOH Authorizations to Hospitals and Other Health Facilities located in GIDAs	Ongoing
Governance and Accountability (19) (Health Promotion, Evidence-Informed Sectoral Policy and Planning for UHC, Monitoring and Evaluation, Health Impact Assessment, Health Technology Assessment, Ethics in Public Health, Policy and Practice, Health Information System)	
1. AO 2020-0042 , Health Promotion Framework Strategy in Province-wide and City-wide Health System	Approved, posted in the DOH Intranet last August 14, 2020 and published in the Philippine Star on August 17, 2020

Policy	Status
2. DO on Restructuring Health Promotion and Communication Service (HCPS) into Health Promotion Bureau (HPB)	DOH Execom approved
3. JAO with DepEd: Guidelines on the Implementation of Healthy Settings in Schools	Ongoing
4. JAO with DILG: Guidelines on the Implementation of Healthy Settings in Communities	Ongoing
5. AO on Guidelines for the Operationalization of the Health Impact Assessment Review Process for Development Projects in the Department of Health	Ongoing
6. DOH-PSA-FNRI JAO on Guidelines on Accessing Public Health and Health-related Data/ PSA Board Resolution: Conduct of Surveys in Support of UHC	For development
7. AO on Guidelines in Estimation of Global Burden of Disease (GBD) in the Philippines	For development
8. DO 2020-0369 , Guidelines on the Creation of Health Technology Assessment Council (HTAC) for the Implementation of the UHC Act	Approved June 30, 2020
9. DPO 2019-5496 , Guidelines on the Creation of the HTAC Core and Subcommittee to Implement UHC	Approved October 10, 2019
10. AO 2020-0041 , The New Implementing Guidelines on Health Technology Assessment to Guide Funding Allocation and Coverage Decision in Support of Universal Health Care	Approved and published in the Philippine Star on September 15, 2020
11. AO on Declaration and Management of Conflict of Interest	Approved
12. AO on Tracking Financial Relationships between Health and Health-Related Commodity Manufacturers, Healthcare Providers, and Health Professionals	Approved
13. DO on Public Health Ethics Committee	Approved
14. DOH & PhilHealth JAO on Mandatory Adoption of National Health Data Standards for Interoperability – Release 01	Approved

Policy	Status
15. DOH & PhilHealth JAO on Implementation and Maintenance of Integrated Health Information System	Ongoing
16. DOH & PhilHealth Joint Memorandum Circular (JMC) on UHC Data Management and Governance Framework	Ongoing
17. DOH & PhilHealth JAO on National Health Data Sharing	Ongoing
18. JAO on the Standards Conformance and Interoperability Validation	Ongoing
19. DOH, DILG & DICT JMC on Guidelines on the Implementation of Telemedicine to Enhance Local Government Units (LGUs) Health System Response	Ongoing
Appropriations (1)	
1. JMC, Guidelines on the Operationalization of Section 37. Appropriations of RA 11223 or UHC ACT	Approved in the 80th Execom. Signed by DOH and Philhealth
Miscellaneous Provisions (1) (Oversight Provision, Performance Monitoring Division, Transitory Provision, Interpretation)	
1. DO 2020-0406 , Revised Implementing Guidelines of Performance Governance System and the use of Office Performance Commitment and Review as part of its Cascading Framework	Approved and posted in the DOH Intranet on July 154, 2020
Other UHC Related Policies (4)	
1. AO 2020-0029 , Roles, Functions, and Responsibilities of the Department of Health (DOH) Representatives	Approved, posted in the DOH Intranet last July 15, 2020 and published in the Philippines Star on July 17, 2020
2. AO 2019-0027 , Guidelines on the Implementation of the LGU Scorecard	Approved and posted in the DOH Intranet last August 8, 2019

Policy	Status
3. DM 2020-0275 , Dissemination of the LGU Health Scorecard Manual of Procedures	Approved, posted in the DOH Intranet last July 15, 2020 and published in the Philippine Star on July 17, 2020
4. AO on Guidelines in Supporting Local Health System Integration by International Health Partners	Approved

Annex B. Scenario 1 (Tier 1) UHC MTEP Distribution per P/A/P and by Tier

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with FAPs	2021 NEP	UHC MTEP Requirement			Medium Term Total (2021-2023)
					2021	2022	2023	
OO: Financial Risk Protection Improved (PhilHealth)	National Health Insurance Program	National Health Insurance Program	71,353,358,000	71,353,358,000	71,353,358,000	73,493,958,740	75,698,777,502	220,546,094,242
	General Administration and Support (GAS)	General Management and Supervision	628,141,000	644,052,000	644,052,000	653,189,730	662,601,592	1,959,843,322
		Administration of Personnel Benefits	6,009,740,000	7,446,679,000	7,446,679,000	7,446,679,000	7,446,679,000	22,340,037,000
	Subtotal, GAS		6,637,881,000	8,090,731,000	8,090,731,000	8,099,868,730	8,109,280,592	24,299,880,322
DOH-OSEC Agency-Specific Budget		Health Information Technology	1,242,673,000	97,309,000	97,309,000	100,042,990	102,859,000	300,210,990
	Support to Operations (STO)	Operations of Regional Offices	1,190,881,000	1,224,137,000	1,224,137,000	1,229,841,980	1,235,718,109	3,689,697,089
		Procurement and Supply Chain Management Service	Not applicable	486,307,000	486,307,000	500,896,210	515,923,096	1,503,126,306
	Subtotal, STO		2,433,554,000	1,807,753,000	1,807,753,000	1,830,781,180	1,854,500,205	5,493,034,385
Organizational Outcome (OO) 1: Access to Promotive & Preventive Health Care Service Improved	Health Policy Standards Development Program (HPSDP)	International Health Policy Development and Cooperation	40,572,000	41,466,000	41,466,000	41,999,610	42,549,228	126,014,838
		Health Sector Policy and Plan Development	51,080,000	41,295,000	41,295,000	41,725,080	42,168,062	125,188,142
		Health Sector Research Development	203,212,000	173,127,000	173,127,000	176,585,490	180,147,735	529,860,225
	Health Systems Strengthening Program	Health Facility Policy and Plan Development	176,176,000	173,659,000	173,659,000	178,014,430	182,500,523	534,173,953
		Health Facilities Enhancement Program	8,384,381,000	4,783,828,000	4,783,828,000	84,460,000	86,993,800	4,955,281,800
		Local Health Systems Development and Assistance	263,155,000	353,607,000	353,607,000	363,893,400	374,488,392	1,091,988,792
		Pharmaceutical Management	102,017,000	279,875,000	279,875,000	288,271,250	296,919,388	865,065,638
		Human Resources for Health Deployment	19,278,882,603	16,582,920,000	16,582,920,000	16,608,169,620	16,634,176,729	49,825,266,349

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with FAPs	2021 NEP	UHC MTEP Requirement			Medium Term Total (2021-2023)
					2021	2022	2023	
Organizational Outcome (OO) 1: Access to Promotive & Preventive Health Care Service Improved	Health Systems Strengthening Program	Human Resources for Health and Institutional Capacity Management	155,636,000	140,037,000	140,037,000	143,110,860	146,276,936	429,424,796
		Health Promotion	297,427,000	253,962,000	253,962,000	260,725,440	267,691,783	782,379,223
	Public Health Program	Foreign-Assisted Project: COVID-19 Emergency Response Project in partnership with World Bank (loan agreement)	2,691,344,000	1,050,994,000	1,050,994,000	1,297,662,000	50,000,000	2,398,656,000
		Foreign-Assisted Project: Health System Enhancement to Address and Limit (HEAL) COVID-19 Project in partnership with Asian Development Bank (loan agreement)	1,211,410,000	4,205,504,000	4,205,504,000	929,586,000	7,250,000	5,142,340,000
		Public Health Management	4,158,719,000	3,864,820,000	3,864,820,000	3,961,754,890	4,061,597,827	11,888,172,717
		Complementary Feeding	62,000,000				Transferred to NNC	0
		Operation of the PNAC Secretariat	14,358,000	32,801,000	32,801,000	30,973,880	31,165,336	94,940,216
		Environmental and Occupational Health	352,025,000	2,062,000	2,062,000	2,123,860	2,187,576	6,373,436
		Family Health, Immunization, Nutrition and Responsible Parenting	9,576,917,000	12,195,012,000	12,195,012,000	12,560,862,360	12,937,688,231	37,693,562,591
		National Immunization	7,543,001,000	10,003,775,000	10,003,775,000	10,303,888,250	10,613,004,898	30,920,668,148
		Family Health, Nutrition and Responsible Parenting	2,033,916,000	2,191,237,000	2,191,237,000	2,256,974,110	2,324,683,333	6,772,894,443

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with FAPs	2021 NEP	UHC MTEP Requirement			Medium Term Total (2021-2023)
					2021	2022	2023	
Organizational Outcome (OO) 1: Access to Promotive & Preventive Health Care Service Improved	Public Health Program	Prevention and Control of Communicable Diseases	2,832,120,000	5,987,253,000	5,987,253,000	6,166,870,590	6,351,876,708	18,506,000,298
		<i>TB Control</i>	948,944,000	502,835,000	502,835,000	517,920,050	533,457,652	1,554,212,702
		<i>Elimination of Diseases</i>	324,465,000	319,906,000	319,906,000	329,503,180	339,388,275	988,797,455
		<i>Prevention and Control of Infectious Diseases</i>	1,058,345,000	4,655,139,000	4,655,139,000	4,794,793,170	4,938,636,965	14,388,569,135
		<i>Rabies Control</i>	500,366,000	509,373,000	509,373,000	524,654,190	540,393,816	1,574,421,006
		Assistance to Philippine Tuberculosis Society	13,800,000	14,048,000	14,048,000	14,469,440	14,903,523	43,420,963
		Prevention and Control of Non-Communicable Diseases	509,063,000	373,417,000	373,417,000	384,619,510	396,158,095	1,154,194,605
		Epidemiology and Surveillance Program	115,501,000	112,631,000	112,631,000	115,555,310	118,567,349	346,753,659
		Health Emergency Preparedness and Response	230,069,000	283,140,000	283,140,000	260,941,950	268,511,369	812,593,319
		Quick Response Fund	600,000,000	500,000,000	500,000,000	500,000,000	500,000,000	1,500,000,000
OO2: Access to Curative & Rehabilitative Health Care Service Improved	Health Facilities Operations Program	Subtotal, OO 1	51,319,864,603	51,445,458,000	51,445,458,000	44,412,374,970	42,993,818,589	138,851,651,559
		Operations of Blood Centers and National Voluntary Blood Services Program	602,672,000	286,924,000	286,924,000	295,284,490	303,895,795	886,104,285
		Operation of DOH Hospitals in Metro Manila	10,320,094,000	12,057,879,000	12,057,879,000	12,132,325,740	12,209,005,882	36,399,210,622
		Operation of DOH Regional Hospitals and Other Health Facilities	29,583,796,000	33,786,701,000	33,786,701,000	32,500,086,520	32,735,463,686	99,022,251,206
		Operations of National Reference Laboratories	326,330,000	289,330,000	289,330,000	298,009,900	306,950,197	894,290,097

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with FAPs	2021 NEP	UHC MTEP Requirement			Medium Term Total (2021-2023)
					2021	2022	2023	
OO2: Access to Curative & Rehabilitative Health Care Service Improved	Health Facilities Operations Program	Operation of Dangerous Drug Abuse Treatment and Rehabilitation Centers	1,200,045,000	1,282,703,000	1,282,703,000	1,302,431,120	1,322,751,084	3,907,885,204
	Subtotal, OO 2		42,032,937,000	47,703,537,000	47,703,537,000	46,528,137,770	46,878,066,643	141,109,741,413
		Regulation of Health Facilities and Services	75,669,000	77,028,000	77,028,000	77,924,760	78,848,423	233,801,183
OO3: Access to Safe & Quality Health Commodities, Devices & Facilities Ensured		Regulation of Regional Health Facilities and Services	258,891,000	270,619,000	270,619,000	273,103,900	275,663,347	819,386,247
		Regulation of Health Establishments and Products (including SAGF)	955,169,000	928,179,000	928,179,000	943,689,960	959,666,249	2,831,535,209
		Provision of Quarantine Services and International Health Surveillance (including SAGF)		259,079,000	259,079,000	261,831,290	264,666,149	785,576,439
		Health Technology Assessment	Not applicable	6,352,000	6,352,000	6,542,560	6,738,837	19,633,397
	Subtotal, OO 3		1,539,154,000	1,541,257,000	1,541,257,000	1,563,092,470	1,585,583,004	4,689,932,474
		Assistance to Indigent Patients either Confined or Out-Patients in Government Hospitals/Specialty Hospitals/LGU Hospitals/Philippine General Hospital/West Visayas State University Hospital	10,483,474,000	17,306,974,000	17,306,974,000	17,826,183,220	18,360,968,717	53,494,125,937
OO4: Access to Social Health Protection Assured	Social Health Protection Program							
	Subtotal, OO 4		10,483,474,000	17,306,974,000	17,306,974,000	17,826,183,220	18,360,968,717	53,494,125,937
Automatic Appropriations		Retirement and Life Insurance Premium	2,778,917,000	3,302,810,000	3,302,810,000	3,401,894,300	3,503,951,129	10,208,655,429
Special Account in the General Fund		Franchise Tax	29,420,000	29,420,000	29,420,000	29,420,000	29,420,000	88,260,000
Subtotal, DOH-OSEC with FAPs & MPBF (Net of PhilHealth)			117,255,201,603	131,227,940,000	131,227,940,000	123,691,752,640	123,315,588,879	378,235,281,519
GRAND TOTAL			188,608,559,603	202,581,298,000	202,581,298,000	197,185,711,380	199,014,366,381	598,781,375,761

Annex C. Scenario 2 (Non-Mandanas) UHC MTEP Distribution per P/A/P and by Tier

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with EAPs	UHC MTEP Requirement									Medium Term Total (2021-2023)
				2021			2022			2023			
				NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total	
OO: Financial Risk Protection Improved (PhilHealth)	National Health Insurance Program	National Health Insurance Program	71,353,358,000	66,733,634,700	138,086,992,700	73,493,958,740	84,751,906,860	158,245,865,600	75,698,777,502	102,255,738,498	177,954,516,000	474,287,374,300	
	General Management and Supervision	General Management and Supervision	628,141,000	0	644,052,000	653,189,730	0	653,189,730	662,601,592	0	662,601,592	1,959,843,322	
		Administration of Personnel Benefits	6,009,740,000	0	7,446,679,000	7,446,679,000	0	7,446,679,000	7,446,679,000	0	7,446,679,000	22,340,037,000	
	Subtotal, GAS		6,637,881,000	0	8,090,731,000	8,099,868,730	0	8,099,868,730	8,109,280,592	0	8,109,280,592	24,299,880,322	
DOH-OSEC Agency-Specific Budget		Health Information Technology	1,242,673,000	1,594,289,900	1,691,598,900	100,042,990	1,209,149,910	1,309,192,900	102,859,000	1,043,998,500	1,146,857,500	4,147,649,300	
	Support to Operations (STO)	Operations of Regional Offices	1,190,881,000	0	1,224,137,000	1,229,841,980	0	1,229,841,980	1,235,718,109	0	1,235,718,109	3,689,697,089	
		Procurement and Supply Chain Management Service	Not applicable	715,468,000	1,201,775,000	500,896,210	297,353,790	798,250,000	515,923,096	306,274,404	822,197,500	2,822,222,500	
	Subtotal, STO		2,433,554,000	2,309,757,900	4,117,510,900	1,830,781,180	1,506,503,700	3,337,284,880	1,854,500,205	1,350,272,904	3,204,773,109	10,659,568,889	
Organizational Outcome (OO) I: Access to Promotive & Preventive Health Care Service Improved	Health Policy Standards Development Program (HPSPD)	International Health Policy Development and Cooperation	40,572,000	0	41,466,000	41,999,610	0	41,999,610	42,549,228	0	42,549,228	126,014,838	
		Health Sector Policy and Plan Development	51,080,000	0	41,295,000	41,725,080	0	41,725,080	42,168,062	0	42,168,062	125,188,142	
		Health Sector Research Development	203,212,000	16,960,000	190,087,000	176,585,490	17,468,800	194,054,290	180,147,735	17,992,864	198,140,599	582,281,889	
		Health Facility Policy and Plan Development	176,176,000	85,439,000	259,098,000	178,014,430	88,002,170	266,016,600	182,500,523	90,642,235	273,142,758	798,257,358	
		Health Facilities Enhancement Program	8,384,381,000	40,698,172,000	45,482,000,000	84,460,000	91,887,723,205	91,972,183,205	86,993,800	92,459,723,205	92,546,717,005	230,000,900,210	
	Health Systems Strengthening Program	Local Health Systems Development and Assistance (with LGU grants)	263,155,000	519,122,000	872,729,000	363,893,400	744,491,431	1,108,384,831	374,488,392	766,825,897	1,141,314,289	3,122,428,120	
		Pharmaceutical Management	102,017,000	302,758,000	582,633,000	288,271,250	322,125,650	610,396,900	296,919,388	331,153,240	628,072,627	1,821,102,527	
		Human Resources for Health Deployment	19,278,882,603	3,548,562,498	20,131,482,498	16,608,169,620	4,379,306,257	20,987,475,877	16,634,176,729	5,173,185,482	21,807,362,211	62,926,320,586	
Health Systems Strengthening Program	Human Resources for Health and Institutional Capacity Management	155,636,000	52,223,000	192,260,000	143,110,860	53,789,690	196,900,550	146,276,936	55,403,381	201,680,317	590,840,867		
	Health Promotion (with LGU grants)	297,427,000	1,448,226,000	1,702,188,000	260,725,440	1,677,939,903	1,938,665,343	267,691,783	1,728,278,100	1,995,969,884	5,636,823,227		

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with FAPs	UHC MTEP Requirement										Medium Term Total (2021-2023)
				2021			2022			2023				
				NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total		
Organizational Outcome (OO) I: Access to Promotive & Preventive Health Care Service Improved	Public Health Program	Foreign-Assisted Project: COVID-19 Emergency Response Project in partnership with World Bank (loan agreement)	2,691,344,000	0	1,050,994,000	1,297,662,000	0	1,297,662,000	50,000,000	0	50,000,000	2,398,656,000		
		Foreign-Assisted Project: Health System Enhancement to Address and Limit (HEAL) COVID-19 Project in partnership with Asian Development Bank (loan agreement)	1,211,410,000	0	4,205,504,000	929,586,000	0	929,586,000	7,250,000	0	7,250,000	5,142,340,000		
		Laboratory Testing Commodities and Other MOOE for COVID-19 Testing and Surveillance and Other Infectious Diseases of Public Health Importance	Not applicable	10,523,972,000	10,523,972,000	0	10,839,691,160	10,839,691,160	0	11,499,828,352	11,499,828,352	32,863,491,512		
		Public Health Management	4,158,719,000	3,864,820,000	4,044,819,000	3,961,754,890	185,399,110	4,147,154,000	4,061,597,827	190,961,173	4,252,559,000	12,444,532,000		
		Complementary Feeding	62,000,000									0		
		Operation of the PNAC Secretariat	14,358,000	32,801,000	32,801,000	30,973,880	0	30,973,880	31,165,336	0	31,165,336	94,940,216		
		Environmental and Occupational Health	352,025,000	2,062,000	2,062,000	2,123,860	0	2,123,860	2,187,576	0	2,187,576	6,373,436		
		Family Health, Immunization, Nutrition and Responsible Parenting	9,576,917,000	12,195,012,000	13,706,848,085	25,901,860,085	12,560,862,360	14,123,036,524	26,683,898,884	12,937,688,231	14,552,208,917	27,489,897,148	80,075,656,117	
		National Immunization	7,543,001,000	10,003,775,000	23,710,623,085	10,303,888,250	14,123,036,524	24,426,924,774	10,613,004,898	14,552,208,917	25,165,213,815	73,302,761,674		
		Family Health, Nutrition and Responsible Parenting	2,033,916,000	2,191,237,000	2,191,237,000	2,256,974,110	0	2,256,974,110	2,324,683,333	0	2,324,683,333	6,772,894,443		
Public Health Program	Public Health Program	Prevention and Control of Communicable Diseases	2,832,120,000	5,987,253,000	9,592,336,889	15,579,589,889	6,166,870,590	11,873,893,512	18,040,764,102	6,351,876,708	14,908,183,550	21,260,060,258	54,880,414,249	
		TB Control	948,944,000	502,835,000	1,052,554,000	1,555,389,000	517,920,050	1,174,079,950	1,692,000,000	533,457,652	1,431,542,349	1,965,000,000	5,212,389,000	
		Elimination of Diseases	324,465,000	319,906,000	300,000,000	619,906,000	329,503,180	363,385,561	692,888,741	339,388,275	439,548,214	778,936,489	2,091,731,230	
		Prevention and Control of Infectious Diseases	1,058,345,000	4,655,139,000	7,726,552,889	12,381,691,889	4,794,793,170	9,813,189,725	14,607,982,895	4,938,636,965	12,503,392,510	17,442,029,475	44,431,704,259	
		Rabies Control	500,366,000	509,373,000	513,230,000	1,022,603,000	524,654,190	523,238,276	1,047,892,466	540,393,816	533,700,478	1,074,094,294	3,144,589,760	
		Assistance to Philippine Tuberculosis Society	13,800,000	14,048,000	0	14,048,000	14,469,440	0	14,469,440	14,903,523	0	14,903,523	43,420,963	
		Prevention and Control of Non-Communicable Diseases	509,063,000	373,417,000	1,445,707,783	1,819,124,783	384,619,510	1,489,079,016	1,873,698,526	396,158,095	1,533,751,387	1,929,909,482	5,622,732,792	

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with FAPs	UHC MTEP Requirement									Medium Term Total (2021-2023)
				2021			2022			2023			
				NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total	
Organizational Outcome (OO) OO1: Access to Promotive & Preventive Health Care Service Improved	Epidemiology and Surveillance Program	Epidemiology and Surveillance (with SG 15 Plantilla PHAs based on EB MTEP and LGU grants)	115,501,000	112,631,000	3,022,769,691	3,135,400,691	115,555,310	3,216,001,909	3,331,557,219	118,567,349	3,339,499,835	3,458,067,184	9,925,025,095
	Health Emergency Management Program	Health Emergency Preparedness and Response (with LGU grants)	230,069,000	283,140,000	144,051,000	427,191,000	260,941,950	269,319,134	530,261,084	268,511,369	317,572,969	586,084,337	1,543,536,421
		Quick Response Fund	600,000,000	500,000,000	0	500,000,000	500,000,000	0	500,000,000	500,000,000	0	500,000,000	1,500,000,000
			Subtotal, OO 1	51,319,864,603	51,445,458,000	85,287,146,946	136,732,604,946	44,412,374,970	141,167,267,472	185,579,642,442	42,993,818,589	146,965,210,586	189,959,029,175
OO2: Access to Curative & Rehabilitative Health Care Service Improved	Health Facilities Operations Program	Operations of Blood Centers and National Voluntary Blood Services Program	602,672,000	286,924,000	338,794,000	625,718,000	295,284,490	405,858,870	701,143,360	303,895,795	414,551,936	718,447,731	2,045,309,091
		Operation of DOH Hospitals in Metro Manila	10,320,094,000	12,057,879,000	5,387,281,000	17,445,160,000	12,132,325,740	5,797,490,260	17,929,816,000	12,209,005,882	6,566,340,118	18,775,346,000	54,150,322,000
	Health Facilities Operations Program	Operation of DOH Regional Hospitals and Other Health Facilities	29,583,796,000	33,786,701,000	10,991,344,000	44,778,045,000	32,500,086,520	11,447,936,050	43,948,022,570	32,735,463,686	11,918,225,862	44,653,689,547	133,379,757,117
		Operations of National Reference Laboratories	326,330,000	289,330,000	404,582,000	693,912,000	298,009,900	413,383,730	711,393,630	306,950,197	422,449,512	729,399,709	2,134,705,339
OO3: Access to Safe & Quality Health Commodities, Devices & Facilities Ensured	Health Facilities Operations Program	Operation of Dangerous Drug Abuse Treatment and Rehabilitation Centers	1,200,045,000	1,282,703,000	105,870,000	1,388,573,000	1,302,431,120	109,046,100	1,411,477,220	1,322,751,084	112,317,483	1,435,068,567	4,235,118,787
		Subtotal, OO 2	42,032,937,000	47,703,537,000	17,227,871,000	64,931,408,000	46,528,137,770	18,173,715,010	64,701,852,780	46,878,066,643	19,433,884,910	66,311,951,553	195,945,212,333
	Health Regulatory Program	Regulation of Health Facilities and Services	75,669,000	77,028,000	47,768,000	124,796,000	77,924,760	49,201,040	127,125,800	78,848,423	50,677,071	129,525,494	381,447,294
		Regulation of Regional Health Facilities and Services	258,891,000	270,619,000	0	270,619,000	273,103,900	0	273,103,900	275,663,347	0	275,663,347	819,386,247
	Health Regulatory Program	Regulation of Health Establishments and Products (including SAGF)	955,169,000	928,179,000	170,781,000	1,098,960,000	943,689,960	110,664,230	1,054,354,190	959,666,249	113,984,157	1,073,650,406	3,226,964,596
Provision of Quarantine Services and International Health Surveillance (including SAGF)		249,425,000	259,079,000	150,257,000	409,336,000	261,831,290	154,764,710	416,596,000	264,666,149	159,407,651	424,073,800	1,250,005,800	
		Health Technology Assessment	Not applicable	6,352,000	32,676,000	39,028,000	6,542,560	33,285,150	39,827,710	6,738,837	33,912,575	40,651,411	119,507,121
	Subtotal, OO 3		1,539,154,000	1,541,257,000	401,482,000	1,942,739,000	1,563,092,470	347,915,130	1,911,007,600	1,585,583,004	357,981,454	1,943,564,458	5,797,311,058

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with FAPs	UHC MTEP Requirement								Medium Term Total (2021-2023)	
				2021		Total	2022		Total	2023			Total
				NEP	Tier 2		Tier 1	Tier 2		Tier 1	Tier 2		
OO4: Access to Social Health Protection Assured		Assistance to Indigent Patients either Confined or Out-Patients in Government Hospitals/ Specialty Hospitals/LGU Hospitals/ Philippine General Hospital/West Visayas State University Hospital	10,483,474,000	17,306,974,000	6,915,000	17,313,889,000	17,826,183,220	13,830,000	17,840,013,220	18,360,968,717	13,830,000	18,374,798,717	53,528,700,937
	Subtotal, OO 4		10,483,474,000	17,306,974,000	6,915,000	17,313,889,000	17,826,183,220	13,830,000	17,840,013,220	18,360,968,717	13,830,000	18,374,798,717	53,528,700,937
	Automatic Appropriations	Retirement and Life Insurance Premium	2,778,917,000	3,302,810,000	0	3,302,810,000	3,401,894,300	0	3,401,894,300	3,503,951,129	0	3,503,951,129	10,208,655,429
Special Account in the General Fund		Franchise Tax	29,420,000	29,420,000	0	29,420,000	29,420,000	0	29,420,000	29,420,000	0	29,420,000	88,260,000
Subtotal, DOH-OSEC with FAPs & MPBF (Net of PhilHealth)			117,255,201,603	131,227,940,000	105,233,172,846	236,461,112,846	123,691,752,640	161,209,231,312	284,900,983,952	123,315,588,879	168,121,179,855	291,436,768,734	812,798,865,532
GRAND TOTAL			188,608,559,603	202,581,298,000	171,966,807,546	374,548,105,546	197,185,711,380	245,961,138,172	443,146,849,552	199,014,366,381	270,376,918,352	469,391,284,734	1,287,086,239,832

Annex D. Scenario 3 (Mandanas in UHC-IS) UHC MTEP Distribution per P/A/P and by Tier

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with FAPs	UHC MTEP Requirement									Medium Term Total (2021-2023)
				2021			2022			2023			
				NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total	
OO: Financial Risk Protection Improved (PhilHealth)	National Health Insurance Program	National Health Insurance Program	71,353,358,000	66,733,634,700	138,086,992,700	73,493,958,740	84,751,906,860	158,245,865,600	75,698,777,502	102,255,738,498	177,954,516,000	474,287,374,300	
	General Management and Supervision	General Management and Supervision	628,141,000	0	644,052,000	653,189,730	0	653,189,730	662,601,592	0	662,601,592	1,959,843,322	
		Administration of Personnel Benefits	6,009,740,000	0	7,446,679,000	7,446,679,000	0	7,446,679,000	7,446,679,000	0	7,446,679,000	22,340,037,000	
	Subtotal: GAS			6,637,881,000	0	8,090,731,000	8,099,868,730	0	8,099,868,730	8,109,280,592	0	8,109,280,592	24,299,880,322
DOH-OSEC Agency-Specific Budget	Support to Operations (STO)	Health Information Technology	1,242,673,000	1,594,289,900	1,691,598,900	100,042,990	1,209,149,910	1,309,192,900	102,859,000	1,043,998,500	1,146,857,500	4,147,649,300	
		Operations of Regional Offices	1,190,881,000	0	1,224,137,000	1,229,841,980	0	1,229,841,980	1,235,718,109	0	1,235,718,109	3,689,697,089	
		Procurement and Supply Chain Management Service	Not applicable	715,468,000	1,201,775,000	500,896,210	297,353,790	798,250,000	515,923,096	306,274,404	822,197,500	2,822,222,500	
	Subtotal: STO			2,433,554,000	2,309,757,900	4,117,510,900	1,830,781,180	1,506,503,700	3,337,284,880	1,854,500,205	1,350,272,904	10,659,568,889	
Organizational Outcome (OO) I: Access to Promotive & Preventive Health Care Service Improved	Health Policy Standards Development Program (HPSPD)	International Health Policy Development and Cooperation	40,572,000	0	41,466,000	41,999,610	0	41,999,610	42,549,228	0	42,549,228	126,014,838	
		Health Sector Policy and Plan Development	51,080,000	0	41,295,000	41,725,080	0	41,725,080	42,168,062	0	42,168,062	125,188,142	
		Health Sector Research Development	203,212,000	16,960,000	190,087,000	176,585,490	17,468,800	194,054,290	180,147,735	17,992,864	198,140,599	582,281,889	
		Health Facility Policy and Plan Development	176,176,000	85,439,000	259,098,000	178,014,430	88,002,170	266,016,600	182,500,523	90,642,235	273,142,758	798,257,358	
	Health Systems Strengthening Program	Health Facilities Enhancement Program	8,384,381,000	37,489,597,000	42,273,425,000	84,460,000	89,053,040,805	89,137,500,805	86,993,800	89,625,040,805	89,712,034,605	221,122,960,410	
		Local Health Systems Development and Assistance (with LGU grants)	263,155,000	519,122,000	872,729,000	363,893,400	744,491,161	1,108,384,561	374,488,392	766,825,897	1,141,314,289	3,122,427,850	
		Pharmaceutical Management	102,017,000	302,758,000	582,633,000	288,271,250	322,125,650	610,396,900	296,919,388	331,153,240	628,072,627	1,821,102,527	
		Human Resources for Health Deployment	19,278,882,603	3,548,562,498	20,131,482,498	16,608,169,620	4,379,306,257	20,987,475,877	16,634,176,729	5,173,185,482	21,807,362,211	62,926,320,586	
	Health Systems Strengthening Program	Human Resources for Health and Institutional Capacity Management	155,636,000	52,223,000	192,260,000	143,110,860	53,789,690	196,900,550	146,276,936	55,403,381	201,680,317	590,840,867	
		Health Promotion (with LGU grants)	297,427,000	#VALUE!	1,702,188,000	260,725,440	1,677,939,903	1,938,665,343	267,691,783	1,728,278,100	1,995,969,884	5,636,823,227	

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with FAPs	UHC MTEP Requirement									Medium Term Total (2021-2023)
				2021			2022			2023			
				NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total	
Organizational Outcome (OO) 1: Access to Promotive & Preventive Health Care Service Improved	Public Health Program	Foreign-Assisted Project: COVID-19 Emergency Response Project in partnership with World Bank (loan agreement)	2,691,344,000	1,050,994,000	0	1,050,994,000	1,297,662,000	0	1,297,662,000	50,000,000	0	50,000,000	2,398,656,000
		Foreign-Assisted Project: Health System Enhancement to Address and Limit (HEAL) COVID-19 Project in partnership with Asian Development Bank (loan agreement)	1,211,410,000	4,205,504,000	0	4,205,504,000	929,586,000	0	929,586,000	7,250,000	0	7,250,000	5,142,340,000
		Laboratory Testing Commodities and Other MOOE for COVID-19 Testing and Surveillance and Other Infectious Diseases of Public Health Importance	Not applicable	Not applicable/ Funds derived by Bayanihan I Act	10,523,972,000	10,523,972,000	0	10,839,691,160	10,839,691,160	0	11,499,828,352	11,499,828,352	32,863,491,512
		Public Health Management	4,158,719,000	3,864,820,000	179,999,000	4,044,819,000	3,961,754,890	185,399,110	4,147,154,000	4,061,597,827	190,961,173	4,252,559,000	12,444,532,000
		Complementary Feeding	62,000,000										0
		Operation of the PNAC Secretariat	14,358,000	32,801,000	0	32,801,000	30,973,880	0	30,973,880	31,165,336	0	31,165,336	94,940,216
		Environmental and Occupational Health	352,025,000	659,000	0	659,000	678,770	0	678,770	699,133	0	699,133	2,036,903
		Family Health, Immunization, Nutrition and Responsible Parenting	9,576,917,000	11,945,463,695	13,706,848,085	25,652,311,780	12,304,306,625	14,123,036,524	26,427,343,149	12,674,126,256	14,552,208,917	27,226,335,173	79,305,990,102
		National Immunization	7,543,001,000	10,003,775,000	13,706,848,085	23,710,623,085	10,303,888,250	14,123,036,524	24,426,924,774	10,613,004,898	14,552,208,917	25,165,213,815	73,302,761,674
		Family Health, Nutrition and Responsible Parenting	2,033,916,000	1,941,688,695	0	1,941,688,695	2,000,418,375	0	2,000,418,375	2,061,121,358	0	2,061,121,358	6,003,228,428
Public Health Program	Prevention and Control of Communicable Diseases	2,832,120,000	5,987,253,000	9,445,178,015	15,432,431,015	6,166,870,590	11,722,319,871	17,889,190,461	6,351,876,708	14,752,068,701	21,103,945,409	54,425,566,885	
	TB Control	948,944,000	502,835,000	1,052,554,000	1,555,389,000	517,920,050	1,174,079,950	1,692,000,000	533,457,652	1,431,542,349	1,965,000,000	5,212,389,000	
	Elimination of Diseases	324,465,000	319,906,000	293,861,988	613,767,988	329,503,180	357,063,408	686,566,588	339,388,275	433,036,397	772,424,672	2,072,759,248	
	Prevention and Control of Infectious Diseases	1,058,345,000	4,655,139,000	7,585,532,027	12,240,671,027	4,794,793,170	9,667,938,237	14,462,731,407	4,938,636,965	12,353,789,478	17,292,426,443	43,995,828,877	
	Rabies Control	500,366,000	509,373,000	513,230,000	1,022,603,000	524,654,190	523,238,276	1,047,892,466	540,393,816	533,700,478	1,074,094,294	3,144,589,760	
	Assistance to Philippine Tuberculosis Society	13,800,000	14,048,000	0	14,048,000	14,469,440	0	14,469,440	14,903,523	0	14,903,523	43,420,963	
	Prevention and Control of Non-Communicable Diseases	509,063,000	373,417,000	1,292,967,371	1,666,384,371	384,619,510	1,277,182,648	1,661,802,158	396,158,095	1,260,924,385	1,657,082,480	4,985,269,009	

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with FAPs	UHC MTEP Requirement									Medium Term Total (2021-2023)	
				2021			Total	2022			2023			
				NEP	Tier 2	Tier 1		Tier 2	Total	Tier 1	Tier 2	Total		
OO4: Access to Social Health Protection Assured		Assistance to Indigent Patients either Confined or Out-Patients in Government Hospitals/ Specialty Hospitals/LGU Hospitals/ Philippine General Hospital/West Visayas State University Hospital	10,483,474,000	17,306,974,000	6,915,000	17,313,889,000	17,826,183,220	13,830,000	17,840,013,220	18,360,968,717	13,830,000	18,374,798,717	53,528,700,937	
	Subtotal, OO 4		10,483,474,000	17,306,974,000	6,915,000	17,313,889,000	17,826,183,220	13,830,000	17,840,013,220	18,360,968,717	13,830,000	18,374,798,717	53,528,700,937	
	Automatic Appropriations	Retirement and Life Insurance Premium	2,778,917,000	3,302,810,000	0	3,302,810,000	3,401,894,300	0	3,401,894,300	3,503,951,129	0	3,503,951,129	10,208,655,429	
Special Account in the General Fund		Franchise Tax	29,420,000	29,420,000	0	29,420,000	29,420,000	0	29,420,000	29,420,000	0	29,420,000	88,260,000	
Subtotal, DOH-OSEC with FAPs & MPBF (Net of PhilHealth)			117,255,201,603	130,723,026,695	101,978,660,560	232,701,687,255	123,691,752,640	157,903,077,808	281,594,830,448	123,315,588,879	164,692,505,186	288,008,094,065	802,304,611,768	
GRAND TOTAL			188,608,559,603	202,076,384,695	168,712,295,260	370,788,679,955	197,185,711,380	242,654,984,668	439,840,696,048	199,014,366,381	266,948,243,683	465,962,610,065	1,276,591,986,068	

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with FAPs	UHC MTEP Requirement									Medium Term Total (2021-2023)
				2021			2022			2023			
				NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total	
Organizational Outcome (OO) 1: Access to Promotive & Preventive Health Care Service Improved	Public Health Program	Foreign-Assisted Project: COVID-19 Emergency Response Project in partnership with World Bank (loan agreement)	2,691,344,000	0	1,050,994,000	1,297,662,000	0	1,297,662,000	50,000,000	0	50,000,000	2,398,656,000	
		Foreign-Assisted Project: Health System Enhancement to Address and Limit (HEAL) COVID-19 Project in partnership with Asian Development Bank (loan agreement)	1,211,410,000	0	4,205,504,000	929,586,000	0	929,586,000	7,250,000	0	7,250,000	5,142,340,000	
		Laboratory Testing Commodities and Other MOOE for COVID-19 Testing and Surveillance and Other Infectious Diseases of Public Health Importance	Not applicable	10,523,972,000	10,523,972,000	0	10,839,691,160	10,839,691,160	0	11,499,828,352	11,499,828,352	32,863,491,512	
		Public Health Management	4,158,719,000	179,999,000	4,044,819,000	3,961,754,890	185,399,110	4,147,154,000	4,061,597,827	190,961,173	4,252,559,000	12,444,532,000	
		Complementary Feeding	62,000,000					Transferred to NNC					0
		Operation of the PNAC Secretariat	14,358,000	0	32,801,000	30,973,880	0	30,973,880	31,165,336	0	31,165,336	94,940,216	
		Environmental and Occupational Health	352,025,000	0	659,000	0	0	0	0	0	0	659,000	
		Family Health, Immunization, Nutrition and Responsible Parenting	9,576,917,000	13,706,848,085	25,652,311,780	12,304,306,625	14,123,036,524	26,427,343,149	12,674,126,256	14,552,208,917	27,226,335,173	79,305,990,102	
		National Immunization	7,543,001,000	13,706,848,085	23,710,623,085	10,303,888,250	14,123,036,524	24,426,924,774	10,613,004,898	14,552,208,917	25,165,213,815	73,302,761,674	
		Family Health, Nutrition and Responsible Parenting	2,033,916,000	0	1,941,688,695	2,000,418,375	0	2,000,418,375	2,061,121,358	0	2,061,121,358	6,003,228,428	
	Public Health Program	Prevention and Control of Communicable Diseases	2,832,120,000	9,407,290,534	15,394,543,534	6,166,870,590	11,683,295,766	17,850,166,356	6,351,876,708	14,745,551,396	21,097,428,104	54,342,137,994	
		TB Control	948,944,000	1,052,554,000	1,555,389,000	517,920,050	1,174,079,950	1,692,000,000	533,457,652	1,431,542,349	1,965,000,000	5,212,389,000	
		Elimination of Diseases	324,465,000	287,718,803	607,624,803	329,503,180	350,735,928	680,239,108	339,388,275	426,519,092	765,907,367	2,053,771,278	
		Prevention and Control of Infectious Diseases	1,058,345,000	7,553,787,731	12,208,926,731	4,794,793,170	9,635,241,612	14,430,034,782	4,938,636,965	12,353,789,478	17,292,426,443	43,931,387,956	
Public Health Program	Rabies Control	500,366,000	513,230,000	1,022,603,000	524,654,190	523,238,276	1,047,892,466	540,393,816	533,700,478	1,074,094,294	3,144,589,760		
	Assistance to Philippine Tuberculosis Society	13,800,000	0	14,048,000	14,469,440	0	14,469,440	14,903,523	0	14,903,523	43,420,963		
Public Health Program	Prevention and Control of Non-Communicable Diseases	509,063,000	1,140,226,959	1,513,643,959	384,619,510	1,119,860,024	1,504,479,534	396,158,095	1,026,808,593	1,422,966,688	4,441,090,181		

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with FAIPs	UHC MTEP Requirement									Medium Term Total (2021-2023)
				2021			2022			2023			
				NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total	
Organizational Outcome (OO) OO1: Access to Promotive & Preventive Health Care Service Improved	Epidemiology and Surveillance Program	Epidemiology and Surveillance (with SG 15 Plantilla PHAs based on EB MTEP and LGU grants)	115,501,000	112,631,000	3,022,769,691	3,135,400,691	115,555,310	3,216,001,909	3,331,557,219	118,567,349	3,339,499,835	3,458,067,184	9,925,025,095
	Health Emergency Management Program	Health Emergency Preparedness and Response (with LGU grants)	230,069,000	283,140,000	144,051,000	427,191,000	260,941,950	269,319,134	530,261,084	268,511,369	317,572,969	586,084,337	1,543,536,421
		Quick Response Fund	600,000,000	500,000,000	0	500,000,000	500,000,000	100,000,000	600,000,000	500,000,000	100,000,000	600,000,000	1,700,000,000
		Subtotal, OO 1	51,319,864,603	43,716,476,868	75,877,249,269	119,593,726,137	37,049,137,574	131,922,433,007	168,971,570,581	29,311,545,568	136,816,738,956	166,128,284,523	454,693,581,241
OO2: Access to Curative & Rehabilitative Health Care Service Improved	Health Facilities Operations Program	Operations of Blood Centers and National Voluntary Blood Services Program	602,672,000	286,924,000	338,794,000	625,718,000	295,284,490	405,858,870	701,143,360	303,895,795	414,551,936	718,447,731	2,045,309,091
		Operation of DOH Hospitals in Metro Manila	10,320,094,000	12,057,879,000	5,387,281,000	17,445,160,000	12,132,325,740	5,797,490,260	17,929,816,000	12,209,005,882	6,566,340,118	18,775,346,000	54,150,322,000
		Operation of DOH Regional Hospitals and Other Health Facilities	29,583,796,000	33,786,701,000	10,991,344,000	44,778,045,000	32,500,086,520	11,447,936,050	43,948,022,570	32,735,463,686	11,918,225,862	44,653,689,547	133,379,757,117
		Operations of National Reference Laboratories	326,330,000	289,330,000	404,582,000	693,912,000	298,009,900	413,383,730	711,393,630	306,950,197	422,449,512	729,399,709	2,134,705,339
	Health Facilities Operations Program	Operation of Dangerous Drug Abuse Treatment and Rehabilitation Centers	1,200,045,000	1,282,703,000	105,870,000	1,388,573,000	1,302,431,120	109,046,100	1,411,477,220	1,322,751,084	112,317,483	1,435,068,567	4,235,118,787
	Subtotal, OO 2		42,032,937,000	47,703,537,000	17,227,871,000	64,931,408,000	46,528,137,770	18,173,715,010	64,701,852,780	46,878,066,643	19,433,884,910	66,311,951,553	195,945,212,333
OO3: Access to Safe & Quality Health Commodities, Devices & Facilities Ensured		Regulation of Health Facilities and Services	75,669,000	77,028,000	47,768,000	124,796,000	77,924,760	49,201,040	127,125,800	78,848,423	50,677,071	129,525,494	381,447,294
		Regulation of Regional Health Facilities and Services	258,891,000	270,619,000	0	270,619,000	273,103,900	0	273,103,900	275,663,347	0	275,663,347	819,386,247
	Health Regulatory Program	Regulation of Health Establishments and Products (including SAGF)	955,169,000	928,179,000	170,781,000	1,098,960,000	943,689,960	110,664,230	1,054,354,190	959,666,249	113,984,157	1,073,650,406	3,226,964,596
		Provision of Quarantine Services and International Health Surveillance (including SAGF)	249,425,000	259,079,000	150,257,000	409,336,000	261,831,290	154,764,710	416,596,000	264,666,149	159,407,651	424,073,800	1,250,005,800
		Health Technology Assessment	Not applicable	6,352,000	32,676,000	39,028,000	6,542,560	33,285,150	39,827,710	6,738,837	33,912,575	40,651,411	119,507,121
	Subtotal, OO 3		1,539,154,000	1,541,257,000	401,482,000	1,942,739,000	1,563,092,470	347,915,130	1,911,007,600	1,585,583,004	357,981,454	1,943,564,458	5,797,311,058

Organizational Outcome	PREXC Program	Budget Line Item (inclusive of PS, MOOE, CO)	2020 GAA with FAPs	UHC MTEP Requirement									Medium Term Total (2021-2023)
				2021			2022			2023			
				NEP	Tier 2	Total	Tier 1	Tier 2	Total	Tier 1	Tier 2	Total	
OO4: Access to Social Health Protection Assured		Assistance to Indigent Patients either Confined or Out-Patients in Government Hospitals/ Specialty Hospitals/LGU Hospitals/ Philippine General Hospital/West Visayas State University Hospital	10,483,474,000	17,306,974,000	6,915,000	17,313,889,000	17,826,183,220	13,830,000	17,840,013,220	18,360,968,717	13,830,000	18,374,798,717	53,528,700,937
	Subtotal, OO 4		10,483,474,000	17,306,974,000	6,915,000	17,313,889,000	17,826,183,220	13,830,000	17,840,013,220	18,360,968,717	13,830,000	18,374,798,717	53,528,700,937
	Automatic Appropriations	Retirement and Life Insurance Premium	2,778,917,000	3,302,810,000	0	3,302,810,000	3,401,894,300	0	3,401,894,300	3,503,951,129	0	3,503,951,129	10,208,655,429
Special Account in the General Fund		Franchise Tax	29,420,000	29,420,000	0	29,420,000	29,420,000	0	29,420,000	29,420,000	0	29,420,000	88,260,000
Subtotal, DOH-OSEC with FAPs & MPBF (Net of PhilHealth)			117,255,201,603	123,498,958,868	95,823,275,169	219,322,234,037	123,691,752,640	144,601,159,451	268,292,912,091	123,315,588,879	144,290,435,202	267,606,024,082	755,221,170,210
GRAND TOTAL			188,608,559,603	194,852,316,868	162,556,909,869	357,409,226,737	197,185,711,380	229,353,066,311	426,538,777,691	199,014,366,381	246,546,173,700	445,560,540,082	1,229,508,544,510



UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT