

XIII. DEPARTMENT OF HEALTH**A. OFFICE OF THE SECRETARY****STRATEGIC OBJECTIVES****MANDATE**

Executive Order No. 102 mandates the Department of Health (DOH) to redirect its functions and operations in accordance with the devolution of basic health services to the local government units. Likewise, the DOH is expected to provide assistance to the local government units (LGUs), non-government organizations (NGOs), other national government agencies, people's organizations (POs) and the health sector in general in effectively implementing health programs, projects and services to every Filipino.

VISION

A global leader for attaining better health outcomes, competitive and responsive health care systems, and equitable health care financing

MISSION

To guarantee equitable, sustainable and quality health care for all Filipinos, especially the poor and to lead the quest for excellence in health

KEY RESULT AREAS

Poverty reduction and empowerment of the poor and vulnerable

SECTOR OUTCOME

Human development status improved

ORGANIZATIONAL OUTCOME

Access to quality and affordable health products and services assured

New Appropriations, by Program/Project

=====

	<u>Current Operating Expenditures</u>			
	<u>Personnel Services</u>	<u>Maintenance and Other Operating Expenses</u>	<u>Capital Outlays</u>	<u>Total</u>
PROGRAMS				
100000000 General Administration and Support	P 144,490,000	P 226,479,000	P	P 370,969,000
200000000 Support to Operations	693,717,000	322,146,000		1,015,863,000
300000000 Operations	9,929,839,000	54,964,451,000	14,112,414,000	79,006,704,000
MFO 1: Health Sector Policy Services	87,726,000	1,255,944,000		1,343,670,000
MFO 2: Technical Support Services	1,027,077,000	49,850,996,000	9,518,175,000	60,396,248,000
MFO 3: Hospital Services	8,483,236,000	3,487,818,000	4,560,430,000	16,531,484,000
MFO 4: Health Sector Regulation Services	331,800,000	369,693,000	33,809,000	735,302,000
	-----	-----	-----	-----

Total, Programs	10,768,046,000	55,513,076,000	14,112,414,000	80,393,536,000
PROJECT(S)				
400000000 Locally-Funded Project(s)		3,236,559,000	90,826,000	3,327,385,000
Total, Project(s)		3,236,559,000	90,826,000	3,327,385,000
TOTAL NEW APPROPRIATIONS	P10,768,046,000	P58,749,635,000	P14,203,240,000	P 83,720,921,000

New Appropriations, by Central/Regional Allocation

=====

REGION	<u>Current Operating Expenditures</u>			
	<u>Personnel Services</u>	<u>Maintenance and Other Operating Expenses</u>	<u>Capital Outlays</u>	<u>Total</u>
Central Office	P 577,324,000	P 8,427,182,000	P 1,171,090,000	P 10,175,596,000
Regional Allocation	10,190,722,000	50,322,453,000	13,032,150,000	73,545,325,000
National Capital Region (NCR)	4,177,947,000	7,284,507,000	2,868,027,000	14,330,481,000
Region I - Ilocos	486,917,000	2,464,915,000	498,554,000	3,450,386,000
Region II - Cagayan Valley	413,501,000	1,829,430,000	552,210,000	2,795,141,000
Cordillera Administrative Region (CAR)	412,207,000	1,090,852,000	354,050,000	1,857,109,000
Region III - Central Luzon	531,653,000	3,360,455,000	712,598,000	4,604,706,000
Region IVA - CALABARZON	245,548,000	3,612,475,000	726,631,000	4,584,654,000
Region IVB - MIMAROPA	151,238,000	2,124,028,000	714,661,000	2,989,927,000
Region V - Bicol	518,914,000	3,871,755,000	660,618,000	5,051,287,000
Region VI - Western Visayas	506,647,000	4,302,215,000	917,000,000	5,725,862,000
Region VII - Central Visayas	591,094,000	3,772,119,000	1,076,392,000	5,439,605,000
Region VIII - Eastern Visayas	320,962,000	3,154,497,000	381,379,000	3,856,838,000
Region IX - Zamboanga Peninsula	407,488,000	3,084,994,000	648,770,000	4,141,252,000
Region X - Northern Mindanao	454,003,000	3,157,663,000	856,100,000	4,467,766,000
Region XI - Davao	523,450,000	2,611,135,000	989,628,000	4,124,213,000
Region XII - SOCCSKSARGEN	227,069,000	2,606,944,000	523,821,000	3,357,834,000
Region XIII - CARAGA	222,084,000	1,994,469,000	551,711,000	2,768,264,000
TOTAL NEW APPROPRIATIONS	P10,768,046,000	P58,749,635,000	P14,203,240,000	P 83,720,921,000

Special Provision(s)

1. **Value-Added Tax in lieu of Franchise Tax.** In addition to the amounts appropriated herein, Twenty Nine Million Four Hundred Twenty Thousand Pesos (P29,420,000) shall be sourced from Value-Added Tax in lieu of Franchise Tax on gross receipts collected by the following agencies from horse races and shall be used for the indicated purposes:

(a) Twenty-four percent (24%) of the collections from Manila Jockey Club, Inc. (MJCI) in accordance with Section 6 of R.A. No. 6631, as amended, and twenty-four percent (24%) of the collections from Philippine Racing Commission, Inc. (PHILRACOM) in accordance with Section 8 of R.A. No. 6632, as amended, to augment the operating requirements of the Philippine Anti-Tuberculosis Society;

(b) Eight percent (8%) of the collections from MJCI in accordance with Section 6 of R.A. No. 6631, as amended, and eight percent (8%) of the collections from PHILRACOM in accordance with Section 8 of R.A. No. 6632, as amended, to augment the operating requirements of the White Cross, Inc.; and

(c) Twenty-eight percent (28%) of the collections from PHILRACOM in accordance with Section 8 of R.A. No. 6632, as amended, to augment the operating requirements of the PCSO.

Releases from said amount shall be subject to the submission of a Special Budget pursuant to Section 35, Chapter 5, Book VI of E.O. No. 292, s. 1987.

2. **Hospital Income.** In addition to the amounts appropriated herein, all income generated from the operation of special hospitals, medical centers, institute for disease prevention and control, including drug abuse treatment and rehabilitation centers and facilities,

and other National Government hospitals under the DOH shall be deposited in an authorized government depository bank and shall be used to augment the hospital's MOOE and Capital Outlays including equipment and infrastructure projects to improve the delivery of health services: PROVIDED, That at least twenty-five percent (25%) of the said income shall be used to purchase and upgrade hospital equipment used directly in the delivery of health services.

The DOH shall prepare and submit to the DBM not later than November 15 of the preceding year, the annual operating budget for the current year covering said income and the corresponding expenditures. Likewise, it shall submit to the DBM not later than March 1 of the current year its audited financial statement for the immediately preceding year. The Secretary of Health and the Agency's web administrator or his/her equivalent shall be responsible for ensuring that said quarterly reports are likewise posted on the official website of the DOH.

Failure to submit said annual reports and the audited financial statements shall render any disbursement from said income void, and shall subject the erring officials and employees to disciplinary actions in accordance with Section 43, Chapter 5, and Section 80, Chapter 7, Book VI of E.O. No. 292, and to appropriate criminal action under existing penal laws. (CONDITIONAL IMPLEMENTATION - President's Veto Message,

December 20, 2013, page 1107, R.A. No. 10633)

3. Fees and Charges of the Bureau of Quarantine and International Health Surveillance. In addition to the amounts appropriated herein, Seventy Eight Million Nine Hundred Thirty Two Thousand Pesos (P78,932,000) sourced from fifty percent (50%) of the fees collected by the Bureau of Quarantine and International Health Surveillance (BQIHS) shall be used for the operational requirements of the BQIHS in accordance with Section 9 of R.A. No. 9271.

Releases from said amount shall be subject to the submission of a Special Budget pursuant to Section 35, Chapter 5, Book VI of E.O. No. 292, s. 1987.

The DOH shall submit, either in printed form or by way of electronic document, to the DBM, copy furnished the House Committee on Appropriations and the Senate Committee on Finance, quarterly reports on the financial and physical accomplishments of the income of BQIHS. The Secretary of Health and the Agency's web administrator or his/her equivalent shall be responsible for ensuring that said quarterly reports are likewise posted on the official website of the DOH.

4. Fees, Fines, Royalties and Other Charges of the Food and Drugs Administration. In addition to the amounts appropriated herein, Nine Hundred Sixty Seven Million Two Hundred Sixty Six Thousand Eight Hundred Ninety Pesos (P967,266,890) sourced from fees, fines, royalties and other charges collected by the Food and Drugs Administration (FDA) shall be released to the FDA upon submission of its Five-year Developmental Plan required under R.A. No. 9502 and subject to guidelines to be jointly issued by the DBM, DOH and FDA, and the submission of a Special Budget pursuant to Section 35, Chapter 5, Book VI of E.O. No. 292. Said amount shall be utilized by the FDA in accordance with its approved Five-year Developmental Plan to ensure its self-sufficiency.

The FDA shall submit, either in printed form or by way of electronic document, to the DBM, the House Committee on Appropriations and the Senate Committee on Finance, separate quarterly reports on the physical and financial accomplishments of its income. The Director of FDA and the Agency's web administrator or his/her equivalent shall be responsible for ensuring that said quarterly reports are likewise posted on the official website of the FDA.

5. Health Facilities Enhancement Program. The amount of Thirteen Billion Five Hundred Forty One Million Four Hundred Five Thousand Pesos (P13,541,405,000) appropriated herein for the Health Facilities Enhancement Program shall be used to implement the following in compliance with the Philippines' commitment to health by year 2015 under the Millennium Development Goal: (i) the construction, upgrading, expansion, repair and rehabilitation of DOH retained hospitals, and other health care facilities, such as Rural Health Units (RHUs), district/provincial hospitals, and barangay health stations; and (ii) the purchase of hospital equipment. Said amount is further allocated, as follows:

Health Facilities	Number of Health Facilities Covered	Amount			Sub-total
		Allocated for Upgrading, Expansion	Amount Allocated for Repair and Rehabilitation	Amount Allocated for Hospital Equipment	
Barangay Health Stations (BHS)	991	P 156,900,000	P 918,536,000	P 318,359,000	P 1,393,795,000
Rural Health Units (RHUs)	1,274	845,025,000	86,856,000	833,510,000	1,765,391,000
LGU Hospitals	593	1,783,645,000	2,296,795,000	2,028,549,000	6,108,989,000
DOH Retained Hospitals	50		1,060,800,000	882,119,000	1,942,919,000
DOH Specialized Hospitals	9		1,994,000,000	336,311,000	2,330,311,000
TOTAL	2,917	P 2,785,570,000	P 6,356,987,000	P 4,398,848,000	P 13,541,405,000

PROVIDED, That the amount of Two Billion Seven Hundred Eighty Five Million Five Hundred Seventy Thousand Pesos (P2,785,570,000) appropriated herein for the construction, upgrading, and expansion of DOH retained hospitals and other health care facilities shall be released directly to the DPWH: PROVIDED, FURTHER, That the DPWH shall implement the construction, upgrading, and expansion of DOH retained hospitals and other health care facilities following the architectural and engineering design prescribed by the DOH: PROVIDED, FURTHERMORE, That the DPWH shall construct DOH retained hospitals and other health care facilities only in lots that are already owned by

the government: PROVIDED, FURTHERMORE, That the amount of Six Billion Three Hundred Fifty Six Million Nine Hundred Eighty Seven Thousand Pesos (P6,356,987,000) appropriated herein for the repair and rehabilitation of DOH retained hospitals and other health care facilities shall be implemented by the DOH through public bidding in accordance with R.A. No. 9184 and its Implementing Rules and Regulations (IRR): PROVIDED, FINALLY, That releases from said amounts shall be made upon submission to the DBM of the list of retained hospitals and other health care facilities to be constructed, upgraded, expanded, repaired and rehabilitated.

The amount of Four Billion Three Hundred Ninety Eight Million Eight Hundred Forty Eight Thousand Pesos (P4,398,848,000) appropriated herein for hospital equipment shall be used by the DOH to procure hospital equipment for DOH retained hospitals and other health care facilities to be constructed, upgraded, or expanded: PROVIDED, That in the identification of hospital equipment to be purchased, the DOH shall give preference to equipment needed by DOH retained hospitals and other health care facilities located in areas: (i) where there are large number of poor families/households under the National Household Targeting System for Poverty Reduction by the DSWD, or where the facilities are situated near said families; and (ii) where there are no other private health care facilities which can provide affordable and quality health care: PROVIDED, FURTHER, That the DOH may procure such hospital equipment in bulk to ensure cost-efficiency.

The Secretary of Health and the Agency's web administrator or his/her equivalent shall be responsible for ensuring that the list and cost of DOH retained hospitals and other health care facilities constructed, upgraded, expanded, repaired and rehabilitated, and the list and cost of hospital equipment purchased, including its distribution are posted on the official website of the DOH.

6. Realignment of Projects under the Health Facilities Enhancement Program. The Secretary of Health is authorized to approve the realignment of allotment released from appropriations for the Health Facilities Enhancement Program in the following instances: (i) change in the location of the DOH retained hospital or other health care facility to be constructed or change of the DOH retained hospital or other health care facility to be upgraded, expanded, repaired or rehabilitated, as the case may be, due to duplication or double funding of project, peace and order issues, and other policy considerations, as may be determined by the Secretary of Health; and (ii) change in the scope of work: PROVIDED, That the realignment may only be undertaken once per project and not later than the third quarter: PROVIDED, FURTHER, That the allotment released has not yet been obligated for the original project/scope of work.

The DOH shall inform the DBM, in writing, of every realignment within five (5) calendar days from its approval. The Secretary of Health and the Agency's web administrator or his/her equivalent shall be responsible for ensuring that such realignment is likewise posted on the official website of the DOH within the same period.

7. National Health Insurance Program for the Indigents. The amount of Thirty Five Billion Two Hundred Ninety Five Million Six Hundred Fifty Seven Thousand Pesos (P35,295,657,000) appropriated herein under Subsidy for Health Insurance Premium of Indigent Families Enrolled in the National Health Insurance Program shall cover the full premium subsidy for health insurance premium of indigents under the National Household Targeting System for Poverty Reduction of the DSWD: PROVIDED, That the cost of administering the Program shall not exceed seven percent (7%) of the above amount.

Releases from said amount to PHILHEALTH shall be made through the BTr, upon the submission by PHILHEALTH of the number of indigent enrollees and financial statements that may be required by DBM, and a Special Budget pursuant to Section 35, Chapter 5, Book VI of E.O. No. 292.

8. Assistance to Indigent Patients. The amount of Three Billion One Hundred Ninety Three Million Nine Hundred Fifty Thousand Pesos (P3,193,950,000) appropriated herein under Assistance to Indigent Patients shall be utilized for hospitalization and the grant of assistance to indigent and poor patients: PROVIDED, That the beneficiary shall comply with requirements of DOH and/or government hospital: PROVIDED, FURTHER, That the DOH shall be allowed to utilize up to one percent (1%) of the said amount to cover administrative costs of implementing the activity: PROVIDED, FURTHERMORE, That the DOH may engage a third party agency, entity or organization to monitor the implementation of this Program: PROVIDED, FINALLY, That the DOH shall submit a quarterly report on the utilization of this amount to the DBM, the House Committee on Appropriations and the Senate Committee on Finance.

In no case shall the grant of assistance to indigent patients under this provision be delegated and/or transferred to any kind of Civil Society Organization, whether it be a non-governmental organization or a people's organization.

The DBM and DOH shall post the following on their respective official websites: (i) Names of recipient government hospitals and indigent patients receiving medical services therein, whether confined or out-patient; (ii) Type of medical assistance given and other related information; and (iii) Names and addresses of indigent patients, and medical services rendered to and/or drugs and medicines received by each of them with the corresponding fee/amount. The recipient government hospital shall likewise post the foregoing information in its official website. The agency's web administrator or his/her equivalent shall be responsible for ensuring compliance with the above posting requirements.

Implementation of this provision shall be subject to guidelines as may be issued for the purpose.

9. Palyapa at Masaganang Pamayanan Program. Of the amount appropriated herein for the Palyapa at Masaganang Pamayanan (PAMANA) Program, Fifteen Million Six Hundred Thousand Pesos (P15,600,000) shall be used exclusively for the PAMANA Program to implement projects in conflict-affected areas already identified by the Office of the Presidential Adviser on the Peace Process (OPAPP). In no case shall said amount be used for any other purpose: PROVIDED, That the subsidy for health insurance premiums of former rebels as determined by the OPAPP shall be released to PHILHEALTH, through the BTr, upon submission of the number of indigent enrollees and period of coverage, including financial statements as may be required by the DBM, and a Special Budget pursuant to Section 35, Chapter 5, Book VI of E.O. No. 292.

The DOH shall submit, either in printed form or by way of electronic document, to the OPAPP quarterly reports on the status of implementation of the PAMANA Program. The Secretary of Health and the Agency's web administrator or his/her equivalent shall be responsible for ensuring that said quarterly reports are likewise posted on the official website of the DOH.

10. **Sajahatra Bangsamoro Program.** Of the amount appropriated herein for the PANAMA Program, Twenty Six Million Four Hundred Thousand Pesos (P26,400,000) shall be used exclusively for the Sajahatra Bangsamoro Program as subsidy for health insurance premiums of targeted beneficiaries already identified by the Moro Islamic Liberation Front. In no case shall said amount be used for any other purpose: PROVIDED, That releases from said amount to PHILHEALTH shall be made through the BTr, upon submission by PHILHEALTH of the number of indigent enrollees and financial statements that may be required by DBM, and a Special Budget pursuant to Section 35, Chapter 5, Book VI of E.O. No. 292.

The DOH shall submit, either in printed form or by way of electronic document, to the Task Force on Bangsamoro Development created under A.O. No. 37, s. 2013, quarterly reports on the status of implementation of the Sajahatra Bangsamoro Program. The Secretary of Health and the Agency's web administrator or his/her equivalent shall be responsible for ensuring that said quarterly reports are likewise posted on the official website of the DOH.

11. **Purchase and Allocation of Drugs, Medicines and Vaccines.** The amount appropriated herein for drugs, medicines and vaccines shall be used for the procurement of drugs, medicines and vaccines for distribution to DOH retained hospitals and other health care facilities: PROVIDED, That releases from said amount shall be made upon submission by the DOH of its distribution list of the drugs, medicines and vaccines per health care facility in every province: PROVIDED, FURTHER, That in the preparation of the distribution list, the DOH shall allocate eighty percent (80%) of the drugs, medicines and vaccines to provinces where: (i) there are large number of poor families/households under the National Household Targeting System for Poverty Reduction by the DSND; and (ii) the absolute number of poor and the incidence of poverty are high as identified in the latest official poverty statistics of the National Statistical Coordination Board (NSCB): PROVIDED, FINALLY, That any savings generated from the procurement of drugs, medicines and vaccines shall be used to purchase additional drugs, medicines and vaccines to be distributed in accordance with the above-stated allocation.

Notwithstanding the allocation of drugs, medicines and vaccines as provided in the above distribution list submitted by the DOH to the DBM, the Secretary of Health may reallocate the provision of drugs, medicines and vaccines when necessitated by the occurrence of disease outbreaks, calamities and other emergencies during the year.

The procurement of drugs, medicines and vaccines by the DOH, including regional hospitals, medical centers and special hospitals, shall strictly comply with R.A. No. 9502, E.O. No. 821, s. 2009, and the Philippine National Drug Formulary: PROVIDED, That bulk procurement of drugs, medicines and vaccines, including medical/dental supplies, equipment and instruments may also be allowed, subject to compliance with R.A. No. 9184 and its IRR, and pertinent auditing laws, rules and regulations.

The DOH shall submit, either in printed form or by way of electronic document, to the DBM, copy furnished the House Committee on Appropriations, and the Senate Committee on Finance, quarterly reports on the allocation of drugs, medicines and vaccines by province and the actual distribution to recipient DOH retained hospitals and other health care facilities. The Secretary of Health and the Agency's web administrator or his/her equivalent shall be responsible for ensuring that said quarterly reports are likewise posted on the official website of the DOH.

12. **Reimbursement for Drugs and Medicines and Vaccines.** The amount appropriated herein for drugs, medicines and vaccines shall be used for the purchase of drugs, medicines and vaccines for distribution to DOH retained hospitals and other health care facilities: PROVIDED, That the drugs, medicines and vaccines shall be availed of through the use of PHILHEALTH card: PROVIDED, FURTHER, That the amount of reimbursements made by PHILHEALTH shall be used exclusively by the DOH for the construction of additional health care facilities, including the purchase and upgrade of hospital equipment: PROVIDED, FINALLY, That in no case shall said amount be used for the payment of salaries and other allowances.

Implementation of this provision shall be subject to guidelines to be issued by the DOH, DBM and PHILHEALTH.

13. **Drugs and Medicine Requirements of Botika ng Barangays.** The Botika ng Barangays (BnBs) may request the Centers for Health Development (CHDs) to procure in their behalf low-cost drugs and medicines under the Low-Cost Quality Medicine Program: PROVIDED, That funds for the purpose shall be remitted by the BnBs to the CHD: PROVIDED, FURTHER, That the procurement of drugs and medicines shall be made from the Philippine International Trading Corporation, unless other suppliers, drug manufacturers or entities offer the same quality of drugs and medicines at lower prices, subject to the provisions of R.A. No. 9184 and its IRR.

14. **Procurement of Vaccines for Senior Citizens.** The amount appropriated herein for Non-Communicable Disease Prevention and Control includes the procurement of vaccines for senior citizens identified under the National Household Targeting System for Poverty Reduction of the DSND.

The DOH shall immediately implement its annual procurement plan for said vaccines to ensure the timely procurement and distribution thereof.

15. **Advance Payment for Drugs and Vaccines Not Locally Available.** The DOH is authorized to deposit or pay in advance the amount necessary for the procurement of drugs and vaccines from the World Health Organization, the United Nations International Children's Emergency Fund, and the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH: PROVIDED, That said drugs and vaccines are not locally available.

16. **Conditions for Emergency Purchases.** The DOH shall only resort to emergency purchases in case of force majeure, such as, but not limited to, war, calamities, whether natural or man-made, epidemics, or when a needed product is in short supply or cannot be held in storage for a long period: PROVIDED, That said products or goods shall be delivered and distributed for the duration of the emergency: PROVIDED, FURTHER, That emergency purchases shall be subject to the provisions of R.A. No. 9184 and its IRR, and pertinent accounting and auditing rules and regulations.

17. **Pinoy MD Scholarship Program.** The amount of Fifty Seven Million Five Hundred Forty Seven Thousand Pesos (P57,547,000) appropriated herein for the implementation of the Pinoy MD Scholarship Program shall be limited to scholars who have taken and passed the qualifying examinations administered by any of the DOH-partner schools and complied with the criteria set forth by the DOH: PROVIDED, That

priority shall be given to poor and deserving students or those coming from families belonging to the low-income bracket as determined by the NSCB. The DOH shall develop a database that will effectively provide periodic monitoring of the program's scholars.

The DOH shall submit, either in printed form or by way of electronic document, to the DBM, copy furnished the House Committee on Appropriations and the Senate Committee on Finance, quarterly reports on the financial and physical accomplishments of the Program, including the list of scholars. The Secretary of the DOH and the Agency's web administrator or his/her equivalent shall be responsible for ensuring that said quarterly reports are likewise posted on the official website of the DOH.

18. **Deployment of Medical Workers.** In the deployment of doctors, midwives, nurses and other medical workers, the DOH shall give priority to localities where the absolute number of poor and the incidence of poverty are high as identified in the latest official poverty statistics of the NSCB.

19. **Transfer of Drug Treatment and Rehabilitation Centers.** The amounts appropriated herein for Substance Abuse Treatment and Rehabilitation Centers may be realigned to facilitate the transfer and absorption by the DOH of functions relative to the operation and maintenance of treatment and rehabilitation centers for drug dependents and drug testing centers mandated under R.A. No. 9165 and its IRR.

20. **Allocation for Autonomous Region in Muslim Mindanao from Nationally Funded Projects.** The DOH shall ensure that the requirements of ARMM are provided in the regional allocation of its nationally funded programs and projects. The Secretary of Health and the Agency's web administrator or his/her equivalent shall be responsible for ensuring that the amounts allocated for ARMM per province are posted on the official website of the DOH.

Likewise, the ARGMM shall submit, either in printed form or by way of electronic document, to the DBM and DOH, separate quarterly reports on the implementation and status of all DOH funded programs and projects per province in the ARMM. The Regional Governor of ARGMM and the Regional Government's web administrator or his/her equivalent shall be responsible for ensuring that said quarterly reports are likewise posted on the official website of the ARGMM.

21. **Restrictions on Realignment.** The amounts appropriated herein under Disease Prevention and Control shall be used exclusively for the following preventive health care programs: (i) Health Emergency Management; (ii) Elimination of Disease as Public Threat; (iii) Rabies Control Program; (iv) Expanded Program on Immunization; (v) TB Control; (vi) Other Infectious Diseases and Emerging and Re-emerging Diseases including HIV/AIDS, Dengue, Food and Water Borne Diseases; (vii) Non-Communicable Disease Prevention and Control; (viii) Family Health and Responsible Parenting; and (ix) Environmental and Occupational Health, as well as the amount appropriated herein for the National Pharmaceutical Policy Development. In no case shall said amounts be used for any other purpose.

22. **Quick Response Fund.** The amount of Five Hundred Million Pesos (P500,000,000) appropriated herein for the Quick Response Fund (QRF) shall serve as a stand-by fund to be used for relief and rehabilitation services in order that the situation and living conditions of people living in communities or areas stricken by calamities, epidemics, crises, and catastrophes occurring during the year may be normalized as quickly as possible. In no case shall the QRF be used for pre-disaster activities, nor be realigned for any other purpose.

The DOH shall submit, either in printed form or by way of electronic document, to the National Disaster Risk Reduction and Management Council, copy furnished the DBM, the House Committee on Appropriations and the Senate Committee on Finance, quarterly reports on the status of the utilization of the QRF. The Secretary of Health and the Agency's web administrator or his/her equivalent shall be responsible for ensuring that said quarterly reports are likewise posted on the official website of the DOH. (GENERAL OBSERVATION - President's

Veto Message, December 20, 2013, page 1110, R.A. No. 10633)

23. **Appropriations for Programs and Specific Activities.** The amounts appropriated herein for the programs of the agency shall be used specifically for the activities in the amounts indicated under the Details of the FY 2014 Budget attached as Annex A (Volume 1) of this Act.

PERFORMANCE INFORMATION

TARGETS

MAJOR FINAL OUTPUTS (MFO) / PERFORMANCE INDICATORS

MFO 1: HEALTH SECTOR POLICY SERVICES

Number of policies issued and disseminated	510
Average % of Stakeholders that rate health policies as good or better	70%
% of policies in the last 3 years that are reviewed/ updated	20%

MFO 2: TECHNICAL SUPPORT SERVICES

Training Support

Number of Human Resources for Health of LGUs and other partners trained	40,010
Number of training days delivered	28,500
Average % of course participants that rate training as good or better	70%
% of requests for training support that are acted upon within one week of request	70%

Funding Support (HFEP)

Number of LGUs and other health partners provided with health facilities	1,783
% of clients that rate the provided health facilities as good or better	70%
% of provided health facilities that are fully operational 3 years after acceptance/installation	70%
% of facilities for which funding is provided that are fully operational within 6 months from approval of request from the LGUs	70%

Funding Support (NHIP)

Coverage Rate of Indigents (NHTS-PR Poor)	100%
Claims Processing Turn-Around Time (TAT)	<35 days
% of hospitals with PhilHealth engagement	>95%
% of NHTS Poor members assigned to a PCP provider	>70%

Disease Prevention

Number of commodities and services to LGUs: Vaccination, Doctors Hours, Nurses and Midwives	0
% of stakeholders who rate the commodity supply/service good or better	70%
% of requests for commodities and human resource services met in full within 48 hours	70%
% of requests for commodities, health personnel and services acted/responded to within 48 hours of request	0%

MFO 3: HOSPITAL SERVICES

Number of out-patients managed	1,500,000
Number of in-patients managed	615,000
No. of elective surgeries	40,000
No. of emergency surgeries	56,000
Net death rate among in-patients	2%
% of clients that rate the hospital services as good or better	70%
% of in-patients with hospital - acquired infection	2%
% of out-patients with level 2 or more urgency rating attended to within 30 minutes	70%

MFO 4: HEALTH SECTOR REGULATION SERVICES**Licensing/ Registration/ Accreditation**

No. of permits, licenses and accreditations issued for health products/ establishments/facilities/devices and technologies	62,082
% of authorized/accredited entities with detected violations of license or accreditation conditions	4%
% of applications for permits, licenses or accreditation acted upon within 3 weeks of application	70%

Monitoring

No. of inspections of regulated products and entities	30,000
% of submitted reports that resulted in the issuance of notice of violations and penalties imposed	4%
% of entities which have been monitored at least once a year	0%

Enforcement

No. of reported violations and complaints acted upon	760
% of cases resolved	42%
% of stakeholder who view DOH enforcement as good or better	0%
No. of cases acted upon within 30 days	500