



AGENCY BUDGET NOTES

For FY 2026

DEPARTMENT OF HEALTH



P253.84B
TOTAL NEW APPROPRIATIONS FOR 2026

COST STRUCTURE

P18.19B (7.2%) <i>General Admin and Support</i>	P2.54B (1.0%) <i>Support to Operations</i>	P233.11B (91.8%) <i>Operations</i>
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BREAKDOWN OF OPERATIONS BUDGET

P126,032.7M (54.1%) <i>Health Facilities Operation Program</i>	P69,889.6M (30.0%) <i>Local Health System Support Program</i>
P25,487.6M (10.9%) <i>Social Health Protection Program</i>	P10,076.1M (4.3%) <i>Health Policy and Systems Strengthening Program</i>
P1,351.2M (0.6%) <i>Health Regulatory Program</i>	P255.6M (0.1%) <i>National Nutrition Management Program</i>
P14.4M (0.01%) <i>Information, Education and Communication Program</i>	P8.0M (0.003%) <i>Policy Standards Development Program</i>

ALLOCATION BY AGENCY

OSEC **P253,471.0M** (99.86%)

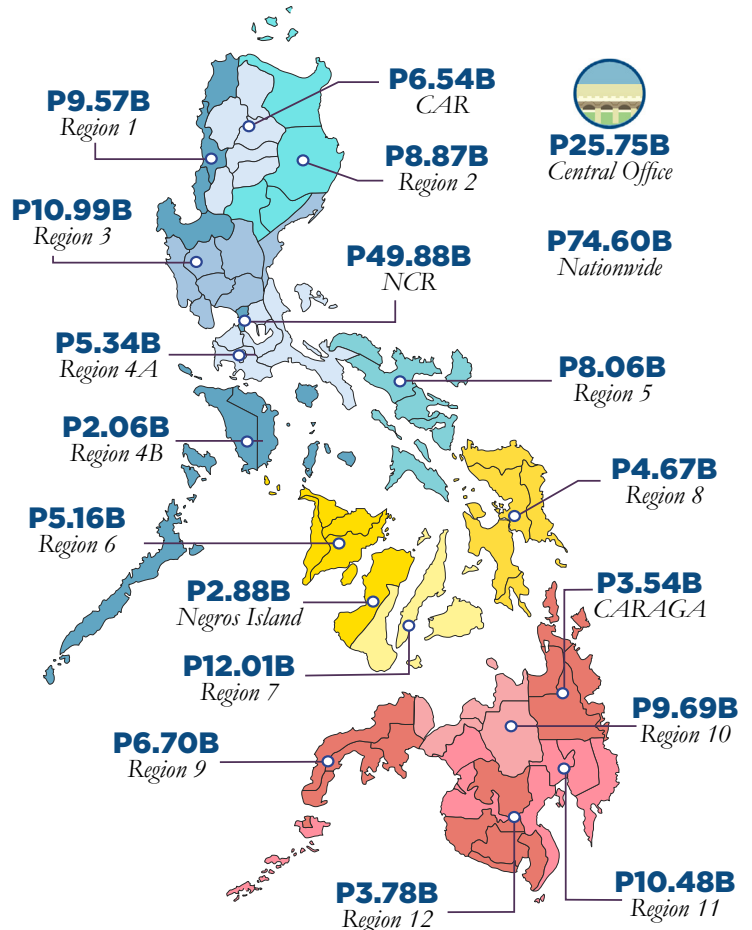


NNC
P304.6M
(0.12%)



PNAC
P63.2M
(0.02%)

REGIONAL ALLOCATION OF THE 2026 EXPENDITURE PROGRAM (P260.57B) *(New and Automatic Appropriations)*



QUICK FACTS



Health Facilities

by Region, July 2025

	Barangay Health Station	Rural Health Unit	City Health Office	BUCAS*	Birthing Home**	Hospital**
PHILIPPINES	26,860	2,730	68	52	3,479	1,341
NCR	53	480	15	6	327	160
CAR	940	95	0	5	89	30
Ilocos	2,176	158	1	2	150	84
Cagayan Valley	1,926	99	0	4	130	68
Central Luzon	2,299	329	6	4	359	183
CALABARZON	2,867	244	17	2	583	234
MIMAROPA	1,216	81	0	2	71	32
Bicol	2,605	138	4	1	252	57
Western Visayas	1,596	120	2	3	119	47
Central Visayas	1,955	123	4	4	219	48
Eastern Visayas	961	168	2	2	208	49
Negros Island	1,334	68	2	0	97	32
Zamboanga Peninsula	1,049	98	0	4	124	44
Northern Mindanao	1,476	138	1	5	148	74
Davao	1,244	71	1	3	139	61
SOCCSKSARGEN	1,105	64	0	1	159	79
CARAGA	1,159	88	2	2	144	26
BARMM	899	183	0	2	161	33

Source: National Health Facility Registry nhfr.doh.gov.ph

*The Bagong Urgent Care and Ambulatory Service, or BUCAS, is a program by the Department of Health of the Philippines that provides free outpatient and urgent care services to indigents.

**Includes Government-owned and Private Facilities



Public Health Workers in the Philippines

2024

	Number	Ratio	Recommended*
Doctors	5,099	1:21,981	1:20,000
Public Health Nurses	20,746	1:5,402	1:5,000
Midwives	29,961	1:4,490	1:5,000
Dentists	2,004	1:55,103	1:50,000
Barangay Health Workers	285,530	1:95	-

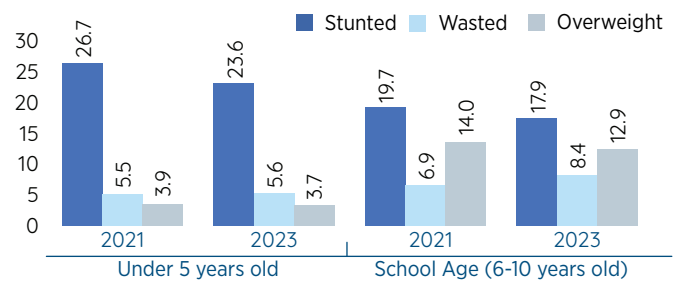
*Based on DOH recommendation

Source: 2024 FHSIS, DOH



Nutrition Status of Young Children

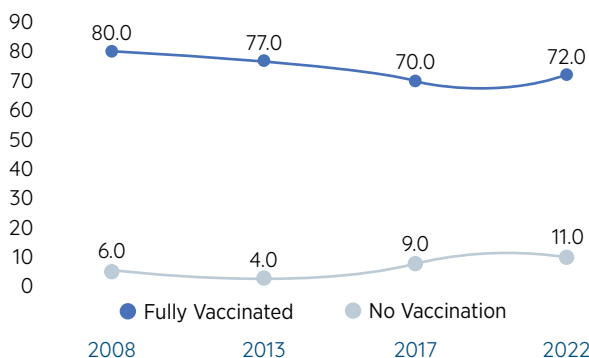
in Percent



Source: Expanded National Nutrition Survey 2024, FNRI



Immunization Trends



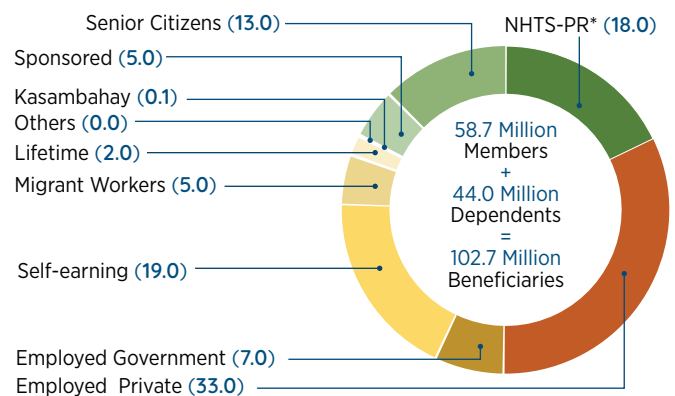
Source: National Demographic and Health Survey, various years

Fully immunized children received one dose of BCG, three doses each of OPV, DPT, and Hepatitis B vaccines, and one dose of measles vaccine before reaching one year of age.



Distribution of PhilHealth Beneficiaries

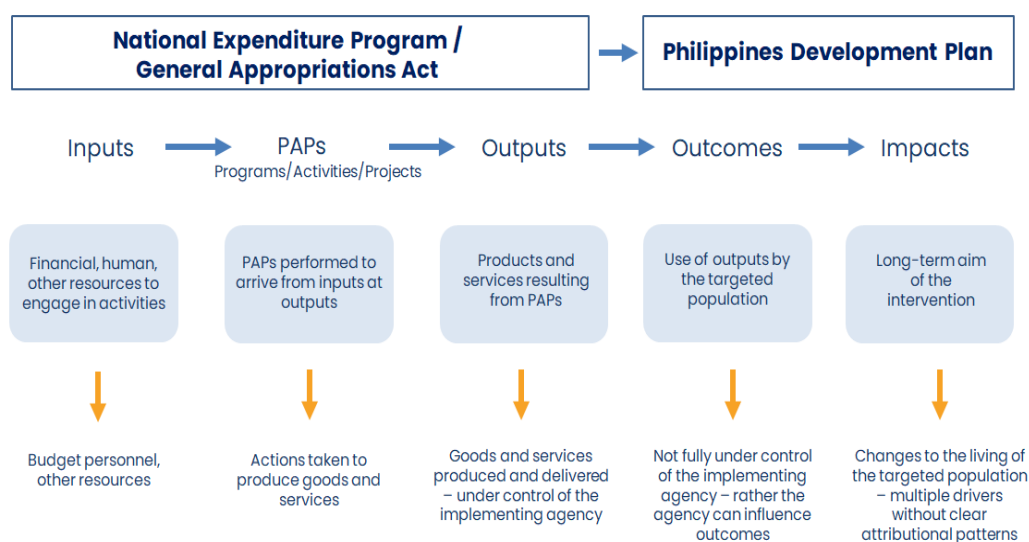
by Category, 2024 (in Percent)



*National Household Targeting System for Poverty Reduction
Source: 2025 PhilHealth

Results Accountability: “Dapat May Kwento ang Kwenta”

- ❑ The agency budget should inform Congress not only about proposed expenditures and past budget utilization, but more importantly, about the goods and services it delivers—and how these contribute to the results outlined in the development plan.
- ❑ The alignment of the **Agency Budget** to the **Philippine Development Plan (PDP) 2023–2028** is established through performance indicators across the results chain—from inputs and programs, activities, and projects (PAPs) to outputs, outcomes, and impacts. The PDP and its Results Matrices define outcome and impact indicators that track improvements in the lives of Filipinos, consistent with the 8-Point Socioeconomic Agenda and *AmBisyon Natin 2040*. The agency budget complements this by specifying output indicators, resource allocations, and the services to be delivered.



QUESTIONS:

- What key result areas in the Philippine Development Plan does the agency contribute to?
- Which PDP performance indicators are relevant to the agency, and what is the progress toward their targets?
- How do the agency’s programs, activities, and projects support PDP outcomes and impacts?
- What are the main outputs (products and services) delivered, and how do they contribute to PDP targets?
- How are budget allocations aligned with programs that advance PDP priorities?
- What is the agency’s budget utilization rate, and how does it relate to output delivery?
- How is efficiency being measured and improved in the use of resources?
- To what extent have outputs translated into meaningful outcomes and impacts?
- What challenges are hindering progress, and what corrective measures are being taken?
- What strategies are in place to sustain or strengthen the agency’s contribution to PDP goals in the coming years?

HIGHLIGHTS

- ❑ *Expenditure Program.* The 2026 proposed total expenditure program of the DOH will decline by P25.78 billion, or by 9.0% compared to the 2025 total budget of P286.35 billion (*Table 1*). The OSEC will get 99.9% or P260.19 billion of the Department's proposed expenditure program in 2026 (*Table 2*). The combined share of NNC and PNAC will be less than 0.2% of the total.

The share of the proposed budget for maintenance and other operating expenses (MOOE) to the total DOH expenditure program will still be the highest at 41.8% in 2026, albeit lower than its share of 49.3% in 2025. The budget for MOOE will decrease by P2.68 billion or by 2.1% to P122.32 billion in 2026. The Personnel Services (PS) budget will increase significantly by P22.1 billion, or by 25.5%, in 2026. This increase is primarily attributed to salary adjustments and the filling of long-standing vacant positions, as stipulated in the 2024 and 2025 GAAs. Consequently, the share of PS in the total DOH budget will rise from 34.3% in 2025 to 41.8% in 2026.

- ❑ *Allocation by Major Program.* The Health Facilities Operation Program will continue to receive the highest allotment in 2026, with P126.03 billion or 54.1% of the total. This amount is 25.0% higher than the P100.83 billion under the 2025 GAA (*Table 7*). The Local Health System Support Program will receive the second-highest allocation of P69.89 billion or 30.0% of the total programs' budget in 2026. The Social Health Protection Program under the OSEC will get the third-highest allocation at P25.49 billion in 2025. Of this amount, P24.24 billion will go to the Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) program to cover medical assistance for poor Filipinos who cannot access and afford quality medical services.

Key Issues and Challenges

- ❑ *Unfilled Positions.* The DOH has significantly reduced the number of its unfilled positions from 17,897 in 2023 to 8,741 in 2025 or 9.1% of the agency's total authorized positions (*Table 4*). The OSEC had the highest reduction in vacant positions from 12,394 in 2024 to 8,702 in 2025. The number of unfilled positions under the NNC also decreased from 38 in 2024 to 34 in 2025, or 27.0% of the agency's 126 authorized positions. However, the department has one of the highest numbers of with job orders in government at 23,824 as of June 30, 2024, exceeding the number of unfilled positions in the agency.
- ❑ *Low hospital bed to population ratio.* As of 2024, the hospital bed-to-population ratio in the Philippines is approximately 0.93 beds per 1,000 people, which is below both regional and global averages of 2.0 and 3.3, respectively. Currently, increasing hospital bed capacity in DOH-supervised hospitals requires legislation, a process that can take years. This delay worsens the already critical shortage of beds in public hospitals. The DOH should be allowed to determine the number of hospital beds to ensure that health facilities are responsive to population needs, emergencies, and service demands.
- ❑ *Budget utilization.* In 2024, the DOH's obligations-to-appropriations ratio (OAR) was 89.2%, a slight decrease from the 91.3% in 2023 (*Table 8*). However, the department's unused appropriations significantly increased to P33.78 billion from P22.30 billion in 2023, a

considerable amount which can be traced to the unobligated appropriations of the department, mostly coming from the OSEC with P33.73 billion. The OSEC recorded both the lowest OAR at 89.2%, and the highest amount of unused appropriation at P33.73 billion, given its huge allocation. The NNC and PNAC continued to have higher OAR and, consequently, lower unused appropriations in 2024 compared to 2023.

- ❑ *Performance of Major Programs.* The DOH continued to fail to meet its target on the immunization of children under the Public Health Program, achieving only 63.0% fully immunized children compared to the 95% target. This failure could indicate that many children are at risk of contracting childhood diseases such as measles, polio, and TB, which immunization could have prevented. The OSEC also failed to meet its target under the same program for the indicator on percent of Centers for Health Development (CHDs) with no stockouts of major health commodities for Integrated Comprehensive Essential Service Delivery Package as identified by the programs. In 2024, only 69% of CHDs had no stockouts of major health commodities, down from the 95% of CHDs it recorded in 2023.

The Local Health System Support Program addresses the PDP strategy of strengthening the health system and improving the access to, quality and efficiency of health care, especially for vulnerable groups. Indicators presented by the agency directly reinforce PDP commitments to secure sustainable and equitably distributed health infrastructure and human resources. Additionally, the Public Health Program complements strategies on promoting strategic purchasing for quality efficiency and cost effectiveness.

The Social Health Protection Program links to PDP priorities on ensuring risk protection as shown by indicators on the percent of excess net bill covered by MAIFIP incurred by indigent and financially incapacitated patients. According to the 2025 Philippine National Health Accounts, household out-of-pocket health spending remains substantial, comprising 42.7% of current health expenditures. Also, President Marcos, in his SONA, introduced the "Bayad na Bill Mo" program, ensuring zero balance billing for eligible in-patients in 87 DOH and four specialty hospitals, with PhilHealth and DOH covering all hospital costs.

- ❑ *Major Audit Findings.* The 2023 COA audit report highlighted that various drugs, medicines, and other inventory items, including over seven million vials of COVID-19 booster shots, expired in DOH warehouses and other health facilities. The Commission attributed this significant wastage, amounting to P11.19 billion, to inadequate procurement planning, as well as deficiencies in distribution and monitoring systems.
- ❑ As of 2024, the DOH has not yet completed the implementation of the recommendation. However, COA noted that the Department is currently implementing proactive measures in the procurement, stocks and inventories for the efficient use of vaccines. The Secretary of Health has also issued guidelines on the Management of Healthcare Waste generated from COVID-19 vaccine usage. The COA also reported that as of May 8, 2024, near-expiring drugs and medicines were already consumed before their expiry date.

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DEPARTMENT OF HEALTH*

I. MANDATE AND ORGANIZATIONAL OUTCOMES

1. Mandate

- 1.1. The Department of Health (DOH) is the lead government agency in ensuring access to public health services. Its role can be summarized in three points – (i) being the leader in health, (ii) helping and capacitating different stakeholders, and (iii) administering specific services. The agency also ensures the quality of health care and regulates hospitals and other facilities, medical equipment and materials, and medical services.
- 1.2. DOH envisions that "Filipinos are among the healthiest people in Southeast Asia and Asia by 2040." Its mission is "to lead the country in the development of a productive, resilient, equitable, and people-centered health system for universal health care."
- 1.3. The Department has three major agencies – the Office of the Secretary (OSEC), the National Nutrition Council (NNC), and the Philippine National AIDS Council (PNAC).
 - ❑ The OSEC includes the essential bureaus and services of the DOH, as well as regional offices and hospitals. An Undersecretary of Health supervises each office, which is a cluster of bureaus and services. The units under these offices deliver various functions according to DOH's mandate.
 - ❑ The NNC, created in 1974 through Presidential Decree No. 491, is the highest policymaking body on nutrition in charge of coordinating nutrition-related initiatives. The Secretary of Health sits as Chairperson of the governing board with 13 members.
 - ❑ The PNAC, established in 1992 through Executive Order No. 39, acts as the national advisory body to review and recommend policies on and direct national approaches against HIV/AIDS. Republic Act (RA) Nos. 8504 in 1998 and No. 11166 in 2019 reconstituted and strengthened the Council to become the central advisory, planning, and policy-making body for comprehensive and integrated HIV/AIDS prevention and control programs in the Philippines.
- 1.4. Organizational Outcome (OO) is a short to medium-term result produced by an agency that contributes to realizing its legislated mandate and achieved through the delivery of its programs.

* This document was prepared by Rommel V. Asuncion as input to the deliberations of the House Committee on Appropriations on the FY 2026 proposed National Budget. The report benefitted from the inputs of SPRS Director Rosemarie R. Savali, SERB Executive Director Manuel P. Aquino, and Deputy Executive Director Pamela Diaz-Manalo with the overall guidance of the CPBRD Deputy Secretary General Romulo E.M. Miral, Jr. Ph.D. The layout/design of the Infographics and Quick Facts, and editorial assistance of the CPBRD Publications Team are also acknowledged. The views, perspectives, and interpretations in this ABN do not necessarily reflect the positions of the House of Representatives as an institution or its individual Members. A copy of this publication is available at the CPBRD's website: cpbrd.congress.gov.ph.

The organizational outcomes of the three agencies are presented as follows:

- OSEC
 - Strengthened health systems and primary care services
 - Improved operations of DOH health facilities
 - Ensured safe and quality health commodities, devices, and facilities
 - Assured social health protection
 - NNC
 - Improved access to quality nutrition and nutrition-sensitive services
 - PNAC
 - Improved access to HIV and AIDS preventive, curative, rehabilitative, and restorative health care services
 - Full implementation of the AIDS Medium Term Plan (AMTP) 2023-2028 through policies, guidelines, and standards development
 - Increased awareness on HIV and AIDS, including reduction of stigma and discrimination
- 1.5. The DOH plays a pivotal role in implementing the Philippine Development Plan (PDP) 2023–2028, serving as the lead agency in advancing universal healthcare and nutrition. Its mandate includes expanding access to quality, affordable health services, strengthening primary care, and addressing key public health challenges such as malnutrition, maternal and child health, and disease prevention.

The DOH also works to reduce health disparities by reaching underserved and remote communities, supports human capital development through health workforce training and deployment, and enhances system resilience by improving pandemic preparedness and integrating climate and disaster risk management. Additionally, it promotes social development through health financing reforms and PhilHealth expansion, and advances good governance by modernizing digital health infrastructure and regulatory frameworks.

Based on the PDP 2023–2028 Results Matrices, the following are the key performance indicators relevant to the DOH for promoting human and social development by boosting health.

Subchapter 2.1 Outcome: Boost Health

- Maternal mortality ratio decreased (per 100,000 live births)
- Premature mortality rate attributed to cardiovascular disease, cancer, diabetes, and chronic respiratory diseases decreased (number of deaths per 1,000 population aged 30–70 years old)
- Tuberculosis incidence decreased (per 100,000 population)
- Number of new HIV infections decreased

Outcome 2: Healthy choices and behavior enabled

- Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care increased (%)

Outcome 3: Access, quality, and efficiency of health care improved

- Percent of provinces with adequate primary care facilities increased (%)
- Percentage of identified cities and provinces with adequate human resources for health (HRH)-to-population ratio based on WHO reference ratios to achieve SDGs increased (%)
- Household out-of-pocket (OOP) health spending as percentage of current health expenditure (CHE) decreased (%)

Outcome 4: Health systems strengthened

- Percentage of health facilities utilizing interoperable electronic medical record (EMR) systems (%)
- Percentage of functional regional and local Epidemiology and Surveillance Units increased (%)

II. SOURCES OF APPROPRIATIONS

- 2.1. For FY 2026, the total available appropriations of the DOH will amount to P260.57 billion (*Table 1*). Of this amount, P 253.84 billion or 97.4% will come from new appropriations and P6.73 billion or 2.6% from automatic appropriations. The total available appropriations for 2026 will be pared down by P25.78 billion, or 9.0% lower than the P286.35 billion total for 2025.
- 2.2. The Department's continuing appropriations in 2025 reached P32.99 billion, 64.9% more than its 2024 level of P20.00 billion. Continuing appropriations are unused appropriations from the previous year carried over to the next fiscal year.
- 2.3. In 2024, the DOH had P44.17 billion in budgetary adjustments, of which P27.45 billion for Public Health Emergency Benefits and Allowances for Health Care and Non-Healthcare Workers came from unprogrammed appropriations. Unprogrammed appropriations provide standby authority to incur additional agency obligations for priority programs or projects when revenue collection exceeds targets and other grants, or foreign funds are generated (DBM).

TABLE I
SOURCES OF FUNDS, 2024-2026
DEPARTMENT OF HEALTH

Particulars	Amounts (In Million Pesos)			Share to Total Appropriations		
	2024	2025	2026	2024	2025	2026
New Appropriations	241,602.81	247,923.57	253,838.77	77.5	86.6	97.4
Supplemental Appropriations	-	-	-	-	-	-
Automatic Appropriations	5,900.18	5,437.20	6,729.24	1.9	1.9	2.6
Continuing Appropriations	20,001.56	32,986.35	-	6.4	11.5	-
Budgetary Adjustments	44,174.09	-	-	14.2	-	-
Total Available Appropriations	311,678.64	286,347.12	260,568.01	100.0	100.0	100.0
LESS: Unused Appropriations	33,783.35	32,986.35	-	-	-	-
Total Obligations	277,895.30	253,360.77	260,568.01	-	-	-

Source of basic data: NEP 2026

III. EXPENDITURE PROGRAM

- 3.1. The OSEC will get 99.9% or P260.19 billion of the Department's proposed expenditure program in 2026 (*Table 2*). The combined share of NNC and PNAC will comprise less than 0.2% of the total. The DOH's total expenditure program for 2026 will increase by P7.21 billion, or 2.8% from the 2025 total of P253.36 billion.

From P319.10 million in 2025, the NNC's allocation will be reduced by P7.3 million or by 2.3% to P311.8 million in 2026. Meanwhile, PNAC's budget will increase by P13.4 million (or 25.7%), from P52.2 million in 2025 to P65.6 million in 2026.

**TABLE 2
EXPENDITURE PROGRAM BY AGENCY, 2024-2026**

Particulars	Amounts (In Million Pesos)			Share to Total (%)		
	2024	2025	2026	2024	2025	2026
	Actual	Program	Proposed	Actual	Program	Proposed
Office of the Secretary	277,317.9	252,989.5	260,190.7	99.8	99.9	99.9
NNC	528.8	319.1	311.8	0.2	0.1	0.1
PNAC	48.6	52.2	65.6	0.0	0.0	0.0
TOTAL (DOH)	277,895.3	253,360.8	260,568.0	100.0	100.0	100.0

Source of basic data: BESF 2026

- 3.2. **General Expense Class.** The share of the proposed budget for maintenance and other operating expenses (MOOE) to the total DOH expenditure program will still be the highest at 46.9% in 2026, although lower than its share of 49.3% in 2025. The budget for MOOE will decrease by P2.68 billion (or 2.1%) to P122.32 billion in 2026. The Personnel Services (PS) budget will significantly increase by P22.1 billion or by 25.5% in 2026. This is due to the adjustment in the salaries of personnel and the augmentation of the workforce through the National Health Workforce Support System.

Moreover, the DOH has been ordered through the 2025 GAA to take all appropriate measures to fill in all of its existing vacant positions. The share of PS-to the total DOH budget will likewise increase to 41.8% from 34.3% in 2025. Payment for salaries of permanent and non-permanent personnel is charged against PS, while those for services rendered by Job Orders (JOs)/Contract of Service (COS) are charged against MOOE. As of June 30, 2024, the DOH has a total of 23,824 JOs, the second highest among line agencies and accounting for 13.4% of the total JOs of the national government. This was also higher than the 18,264 JOs reported by COA at the end of June 30, 2023.

**TABLE 3
EXPENDITURE PROGRAM BY GENERAL EXPENSE CLASS, 2024-2026
(AMOUNTS IN MILLION PESOS)**

Particulars	Amounts (In Million Pesos)			Share to Total (%)		
	2024	2025	2026	2024	2025	2026
	Actual	Program	Proposed	Actual	Program	Proposed
PS	94,894.9	86,783.2	108,879.3	34.1	34.3	41.8
MOOE	159,482.1	124,997.5	122,317.1	57.4	49.3	46.9
CO	23,518.3	41,580.0	29,371.6	8.5	16.4	11.3
TOTAL (DOH)	277,895.3	253,360.8	260,568.0	100	100	100

Source of basic data: BESF 2026

- 3.3. **Authorized and Unfilled Positions.** The DOH has significantly reduced the number of its unfilled positions: from 17,897 in 2023 to 8,741 in 2025, or 9.1% of the agency's total authorized positions (Table 4). The OSEC had the highest reduction in vacant positions: from 12,394 in 2024 to 8,702 in 2025. The number of unfilled positions under the NNC also decreased from 38 in 2024 to 34 in 2025, or 27.0% of the agency's 126 authorized positions.

During the Committee on Appropriations' budget hearing in 2024, the DOH clarified that it was providing plantilla positions to those with civil service eligibility. The DOH Secretary also explained that the high number of unfilled positions may be due to the establishment of new hospitals or positions that require new personnel. The DOH committed to making a catch-up plan to fill the vacant positions and follow the DBM directive to reduce the number of contractual and JO employees in all of its agencies.

However, as discussed in the previous section, the DOH has one of the highest number of JOs in government, with 23,824 JOs as of June 30, 2024, exceeding the unfilled positions in the agency.

TABLE 4
NUMBER OF AUTHORIZED AND UNFILLED POSITIONS BY AGENCY, 2023-2026

Agency	Authorized Positions				Unfilled Positions			
	2023	2024	2025	2026	2023	2024	2025	2026
OSEC	98,349	98,090	96,073	96,073	17,858	12,394	8,702	8,702
NNC	126	126	126	126	35	38	34	34
PNAC	32	35	35	35	4	3	5	5
TOTAL	98,507	98,251	96,234	96,234	17,897	12,435	8,741	8,741

Source: Staffing Summary 2025-2026

3.4. **Regional Distribution.** The National Capital Region (NCR) will receive the highest allocation, amounting to P49.88 billion or 19.1% of the total DOH budget in 2026, higher than its 13.6% share in 2025. Region 7 (Central Visayas) will receive the second-highest allocation with P12.01 billion or 4.6% of the total, followed by Region 3 (Central Luzon) with P10.99 billion or 4.2%. All but two regions – Bicol and Western Visayas - will have increases in their allocation from their 2025 figures (*Table 5*). The shares of the other regions in the total 2026 budget will range from 0.8% to 3.7%. The newly created Negros Island Region, under RA No. 12000, will have its allocation beginning with the 2026 budget amounting to P2.87 billion. The Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) will continue to have no allocation in line with RA No. 11045 or the Organic Law for the BARMM, which directs the National Government to provide the BARMM with an annual block grant in support of its right to self-governance.

In the proposed 2026 regional budget, the non-regionalized budgets for Nationwide and Central Office amount to P74.60 billion and P25.75 billion, respectively. The shares of these categories of the total budget are both lower compared to 2025. The 2024 actual allocations also have significant changes in shares due to budgetary adjustments (e.g., fund transfers to agencies from Special Purpose Funds authorized in the budget) and the agencies' utilization of continuing appropriations during the budget execution phase.

The nationwide allocation comprises appropriations for the procurement of materials (e.g., vaccines, medicines, etc.) and payment of services that cut across regions. However, while the share of "nationwide" has declined from 42.1% in 2025 to 28.6% in 2026, the DOH should make the category transparent at the very outset in terms of allocation and program distribution, considering it remains a huge chunk in the regional distribution.

TABLE 5
REGIONAL DISTRIBUTION OF THE DOH BUDGET, 2024-2026
(AMOUNTS IN MILLION PESOS)

Region	2024 Actual		2025 Program		2026 Proposed	
	Amount	Share (%)	Amount	Share (%)	Amount	Share (%)
Nationwide	482.4	0.2	106,561.0	42.1	74,601.4	28.6
Central Office	55,141.4	19.8	26,224.0	10.4	25,749.3	9.9
NCR	22,862.5	8.2	34,491.9	13.6	49,881.8	19.1
CAR	7,846.0	2.8	4,920.3	1.9	6,543.3	2.5
Region 1	13,327.9	4.8	6,603.8	2.6	9,565.3	3.7
Region 2	11,681.4	4.2	6,641.3	2.6	8,872.5	3.4
Region 3	23,121.7	8.3	8,564.7	3.4	10,987.9	4.2
Region 4A	19,777.1	7.1	3,702.5	1.5	5,342.3	2.1
Region 4B	6,267.8	2.3	1,533.5	0.6	2,058.4	0.8
Region 5	16,588.2	6.0	9,539.5	3.8	8,062.5	3.1
Region 6	14,485.6	5.2	6,218.2	2.5	5,164.5	2.0
Negros Island	-	-	-	-	2,878.1	1.1
Region 7	17,427.6	6.3	9,053.6	3.6	12,012.3	4.6
Region 8	10,861.9	3.9	3,640.0	1.4	4,672.9	1.8
Region 9	10,149.7	3.7	5,052.2	2.0	6,695.4	2.6
Region 10	14,349.7	5.2	7,220.2	2.8	9,685.5	3.7
Region 11	13,964.8	5.0	8,307.8	3.3	10,475.2	4.0
Region 12	13,139.0	4.7	2,553.5	1.0	3,775.1	1.4
CARAGA	6,420.5	2.3	2,532.9	1.0	3,544.1	1.4
BARMM	-	-	-	-	-	-
TOTAL	277,895.3	100.0	253,360.8	100.0	260,567.8	100.0

Source of basic data: BESF 2026

IV. NEW APPROPRIATIONS

- 4.1. **By Cost Structure.** The DOH and its attached agencies will receive P253.84 billion in new appropriations for 2026 (Table 6). The OSEC will be allotted 99.9% or P253.47 billion. This means that the combined budgets of the NNC and the PNAC are expected to account for less than 0.2% of the total new appropriations for the DOH in 2026.
- 4.2. The *Operations* budget will have the largest share of the DOH's new appropriations for 2025 at 91.8%, amounting to P233.12 billion. *Operations* consists of programs and corresponding expenditures relating to the primary purpose for which an agency has been created and involves the direct production of goods, delivery of services, or direct engagement in regulations. For the DOH, this item includes both locally-funded and foreign-assisted projects. The *General Administration and Support (GAS)* will have a share of 7.2% or P18.19 billion. This item includes activities that deal with the overall administrative management and operational support of the entire agency operations. Meanwhile, *Support to Operations (STO)* covers the remaining 1.0% of the total new appropriations at P2.54 billion. STO consists of activities and projects that provide technical and substantial support to agency operations but do not produce goods or deliver services directed at a target population or an external client group.

**TABLE 6
NEW APPROPRIATIONS BY AGENCY AND COST STRUCTURE, FY 2026**

Agency	Amounts (In Million Pesos)				Share to Total Agency (%)			
	GAS	STO	Operations	Total Agency	GAS	STO	Operations	Total Agency
OSEC	18,099.54	2,534.32	232,837.16	253,471.02	7.1	1.0	91.9	100.0
NNC	48.94	-	255.61	304.55	16.1	0.0	83.9	100.0
PNAC	38.43	2.41	22.37	63.20	60.8	3.8	35.4	100.0
TOTAL DOH	18,186.91	2,536.72	233,115.14	253,838.77	7.2	1.0	91.8	100.0

Source of basic data: NEP 2026

4.3. In 2025, the DOH reclassified and streamlined its programs under its proposed budget for operations as presented in the National Expenditure Program from eight (8) in 2024 to only five programs under the OSEC in 2025 and two programs under the PNAC from an erstwhile single program (Table 7).

The reclassification and program streamlining in 2025 were geared towards fulfilling the objectives of the Universal Health Care. The major programs on Health Systems Strengthening, Health Emergency Management, Public Health, Epidemiology and Surveillance, and Health Policy and Standards Development were all merged into the Health Policy and Systems Strengthening Program. This reclassification is part of a broader effort to address challenges in health service delivery and ensure that resources are optimally used to meet the country's health goals.

**TABLE 7
SUMMARY OF PROGRAMS FOR 2024-2026
DEPARTMENT OF HEALTH**

Program (Implementing Agency)	Amount (In Million Pesos)			% Share to Total Program			Growth Rates '25-'26 (%)
	2024	2025	2026	2024	2025	2026	
Health Facilities Operation Program (OSEC)	71,491.90	100,827.60	126,032.72	31.8	43.8	54.1	25.0
Local Health System Support Program (OSEC)	-	76,122.26	69,889.57	-	33.1	30.0	-8.2
Social Health Protection Program (OSEC)	59,643.57	42,409.91	25,487.56	26.5	18.4	10.9	-39.9
Health Policy and Systems Strengthening Program (OSEC)	-	9,169.68	10,076.13	-	4.0	4.3	9.9
Health Regulatory Program (OSEC)	1,060.53	1,293.20	1,351.19	0.5	0.6	0.6	4.5
National Nutrition Management Program (NNC)	438.24	245.76	255.61	0.2	0.1	0.1	4.0
Information, Education and Communication Program (PNAC)	-	12.55	14.37	-	0.0	0.0	14.5
Policy Standards Development Program (PNAC)	-	8.41	8.00	-	0.0	0.0	-4.9
Previous Programs							
Health Systems Strengthening Program (OSEC)	49,471.80	-	-	22.0	-	-	
Public Health Program (OSEC)	41,211.26	-	-	18.3	-	-	
Health Emergency Management Program (OSEC)	690.23	-	-	0.3	-	-	
Epidemiology and Surveillance Program (OSEC)	638.38	-	-	0.3	-	-	
Health Policy and Standards Development Program (OSEC)	225.56	-	-	0.1	-	-	
National HIV and AIDS Management Program (PNAC)	29.20	-	-	0.0	-	-	
TOTAL	224,900.67	230,089.38	233,115.14	100.0	100.0	100.0	

Source: GAA 2024-2025 and NEP 2026

- 4.4. The Health Facilities Operation Program will continue to receive the highest allotment in 2026, with P126.03 billion or 54.1% of the total. This amount is 25.0% higher than the P100.83 billion under the 2025 GAA (*Table 7*). The program ensures the continued operations of DOH hospitals in Metro Manila and other regions, blood centers, national reference laboratories, and dangerous drug abuse rehabilitation centers. An amount of P26.47 billion will go to the operation of DOH Hospitals in Metro Manila, while P95.26 billion will be used for the DOH Regional Hospitals and other community health facilities. Among the Regional DOH Hospitals, the highest allocations will be given to the Southern Philippines Medical Center (P6.3 billion), Vicente Sotto Memorial Medical Center (P5.2 billion), and Bicol Medical Center (P4.0 billion).

In his budget message, the President indicated that P575.0 million from the MOOE of Metro Manila and regional DOH Hospitals will fill in the P1.10 billion needed for the Bagong Urgent Care and Ambulatory Service (BUCAS) centers in the country in 2026.

As of 2024, the hospital bed-to-population ratio in the Philippines is approximately 0.93 beds per 1,000 people, which is below both regional and global averages of 2.0¹ and 3.3,² respectively. The Philippine Health Facility Development Plan (PHFDP) sets a target of 2.5 beds per 1,000 population, highlighting a significant gap in healthcare infrastructure. The number of hospital beds available per population is commonly used as a proxy measure for the capacity and readiness of a health system to provide inpatient services and its potential to manage surges in demand, especially during public health emergencies when a sudden influx of patients may require hospitalization.

Currently, increasing hospital bed capacity in DOH-supervised hospitals requires legislation, a process that can take years. This delay worsens the already critical shortage of beds in public hospitals. The DOH should be allowed to determine the number of hospital beds to ensure that health facilities are responsive to population needs, emergencies, and service demands. This promotes equitable access, efficient resource use, and faster implementation of health infrastructure improvements. The increase in bed capacity should be complemented with additional health workforce for some hospitals, allowing the DOH to further reduce the number of unfilled positions in the department.

- 4.5. The Local Health System Support Program will receive the second-highest allocation of P69.89 billion or 30.0% of the total programs' budget in 2026. This major program includes the Health Service Delivery Program, which covers the Health Facilities Enhancement Program (HFEP) and the National Health Workforce Support System (NHWSS). Under the HFEP, an amount of P14.47 billion will go to the construction, rehabilitation, and upgrading of primary care facilities such as rural health units and super health centers (P3.96 billion), polyclinics (P15.0 million), local government hospitals (P6.90 billion), and other health facilities (P3.59 billion) in low capacity and high gap LGUs. The HFEP will allocate P6.89 billion for infrastructure, P6.04 billion

¹ Computed based on ratios of ASEAN member states except for Cambodia using World Bank data.

² From World Bank Data, using WHO data and supplemented by country specific data.

<https://data.worldbank.org/indicator/SH.MED.BEDS.ZS>

for the purchase of medical equipment and P1.54 billion for medical transport vehicles for these LGUs.

The NHWSS, created under the UHC law, seeks to address the inadequacy of health workers through their development and deployment in particularly disadvantaged areas to provide health services to vulnerable members of society. In 2026, an amount of P23.36 billion will go to the NHWSS to increase the health workforce especially in underserved disadvantaged areas.

The program also includes the Philippines Health System Resilience Project, which will be financed by a loan from the World Bank to support government efforts to strengthen climate-resilient health-care networks, improve workforce and governance and promote high-quality health services at the provincial level. The project will also invest in disease surveillance, public health laboratories and emergency response systems. In 2026, the project will have P8.67 billion allocation which will finance the Capital Outlay component of the BUCAS amounting to P510.0 million.

- 4.6. The Social Health Protection Program under the OSEC will get the third-highest allocation at P25.49 billion in 2025. Of this amount, P24.24 billion will go to the Medical Assistance to Indigent and Financially Incapacitated Patients (MAIFIP) program to cover medical assistance for poor Filipinos who cannot access and afford quality medical services. The Cancer Assistance Fund, amounting to P1.25 billion, will provide financial assistance for ongoing medical aid to registered cancer patients in cancer access sites nationwide and will cover the cost of diagnostics medicines, and treatment procedures in public health facilities fees not covered by PhilHealth.

A special provision in the NEP authorizes the Centers for Health Development (CHD), through their respective Directors, to enter into Memoranda of Agreement with private hospitals and clinical laboratories to deliver health services to indigent or financially incapacitated patients when such services are unavailable in government facilities, subject to DOH guidelines. This provision also applies to emergency cases, provided the private facility is the nearest and capable of delivering the required care.

V. PERFORMANCE REVIEW

- 5.1. ***Budget Utilization.*** The obligations-to-appropriations ratio (OAR) and the unused appropriations are among the ways to measure the efficiency of an agency's use of its annual budget. The OAR measures how much of the agency's budget was contracted out to suppliers and service providers. In 2024, the DOH's OAR was 89.2%, a slight decrease from the 91.3% in 2023 (*Table 8*). Also, the department's unused appropriations significantly increased to P33.78 billion from P22.30 billion in 2023, a considerable amount and driven by the unobligated appropriations of the department, mostly coming from the OSEC with P33.73 billion.

Unobligated appropriations refer to portions of funds that Congress has allocated, but the agency has yet to commit or spend on specific projects or programs after their completion or final discontinuance or abandonment. Persistent high unobligated allotments may lead to slow progress in addressing problems or implementation of

initiatives and activities, which the public may perceive as a sign of financial mismanagement.

- 5.2. The OSEC recorded both the lowest OAR at 89.2%, and the highest amount of unused appropriation at P33.73 billion, given its huge allocation. The NNC and PNAC continued to have higher OAR and, consequently, lower unused appropriations in 2024 compared to 2023.

TABLE 8
OBLIGATIONS-APPROPRIATIONS RATIO
AND UNUSED APPROPRIATIONS, 2022-2024

Particulars	Obligation-Appropriations Ratio (%)			Unused Appropriations (In Million Pesos)		
	2022	2023	2024	2022	2023	2024
Office of the Secretary	86.8	91.3	89.2	29,407.54	22,162.94	33,731.45
NNC	60.7	78.4	91.1	255.71	134.33	51.82
PNAC	60.9	86.4	99.8	14.10	7.54	0.08
TOTAL (Department of Health)	86.8	91.3	89.2	29,677.35	22,304.82	33,783.35

Sources of basic data: NEP 2024-2026

- 5.3. **Disbursement.** The disbursement rate is another measure of budget utilization and refers to the ratio of disbursements or settlement of actual obligations to total appropriations. Based on the Statements of Appropriations, Allotments, Obligations, Disbursements and Balances (SAAODB) from the DBM, the OSEC disbursed P214.79 billion of its P311.05 billion appropriations in 2024, or a 69.1% disbursement rate, a decline from 72.6% in 2022 (Table 9). The two attached agencies had higher disbursement rates in 2024 than in 2023. However, the NNC recorded the lowest rate in 2024 at only 61.0%, also in 2023. According to COA, a low disbursement rate could indicate that the agency had not maximized fund utilization of the budget for its major programs.

TABLE 9
DISBURSEMENT RATE BY AGENCY, 2023-2024
(AMOUNTS IN MILLION PESOS)

Particulars	2023			2024		
	Appropriations	Disbursements	Disbursement Rate (%)	Appropriations	Disbursements	Disbursement Rate (%) ^{a/}
OSEC	256,198.53	186,064.36	72.6	311,049.38	214,790.61	69.1
NCC	621.46	326.33	52.5	580.60	354.38	61.0
PNAC	55.32	43.21	78.1	48.67	45.84	94.2
TOTAL DOH	256,875.32	186,433.90	72.6	311,678.65	215,190.83	69.0

a/ Disbursement rate – ratio of disbursements to appropriations

Source: SAAODB 2023-2024, DBM

- 5.4. **By Major Programs.** Table 10 presents the OAR and the disbursement to appropriations ratio (DAR) of major DOH programs in 2024. The Health Facilities Operation Program under the OSEC received the highest appropriations of P73.31 billion. Of this amount, the OSEC obligated P71.87 billion, or 98.0%, and disbursed P65.66 billion, or

89.6%. This is the only program where the OSEC recorded a disbursement rate of more than 80%.

- 5.5. The Public Health Program received an appropriation of P45.28 billion and recorded a 90.1% OAR or P40.78 billion. However, the OSEC was able to disburse only 70.0%, amounting to P31.69 billion. Within this program, the Family Health Sub-Program, which covers immunization and responsible parenting activities, received P10.08 billion but only managed to disburse P4.33 billion, or a DAR of 43.0%.
- 5.6. The Social Health Protection Program received P63.87 billion in 2024, of which the OSEC disbursed only 56.1%. Under this program is MAIFIP, which had an allocation of P61.97 billion, with the OSEC having disbursed only 55.8% or P34.58 billion. MAIFIP is designed to support patients with limited financial means. Disbursing only half of its budget means millions of pesos intended for vulnerable populations were not used, potentially leaving many patients without needed medical assistance.

According to the 2025 Philippine National Health Accounts, household out-of-pocket (OOP) health spending remains substantial, comprising 42.7% of current health expenditures. In his State of the Nation Address, President Marcos introduced the "Bayad na Bill Mo" program, which ensures zero balance billing for eligible in-patients in 87 DOH hospitals and four national specialty hospitals. Under this initiative, PhilHealth and the DOH fully cover hospital expenses, including professional fees, room and board, laboratory tests, and medications, eliminating OOP costs for qualified patients. The program requires no additional documentation or interviews and is fully funded through the DOH budget with PhilHealth support. Since the hospital bill is settled through public funding, patients and their families do not need to spend their own money, borrow, or sell assets to afford treatment. The policy especially benefits low-income and financially vulnerable populations who are most at risk of financial hardship due to medical expenses.

While PhilHealth did not have an allocation in 2025, it will receive a budget amounting to P53.26 billion in 2026. This funding aims to reinforce the country's pooled health financing mechanisms, expand public health subsidies, rationalize insurance premium structures, and mitigate out-of-pocket healthcare expenditures—particularly for economically disadvantaged and vulnerable populations.

TABLE 10
BUDGET UTILIZATION BY MAJOR PROGRAM, 2024
AMOUNTS IN MILLION PESOS

Program	Appropriations	Obligations	Disbursements	Obligation Rate (%) ^{a/}	Disbursement Rate (%) ^{b/}
HEALTH SYSTEMS STRENGTHENING PROGRAM	45,611.05	40,342.18	24,517.66	88.4	53.8
SERVICE DELIVERY SUB-PROGRAM, <i>of which</i>	25,182.13	20,385.82	6,324.54	81.0	25.1
<i>Health Facilities Enhancement Program</i>	24,010.00	19,320.75	5,554.12	80.5	23.1
HEALTH HUMAN RESOURCE SUB-PROGRAM	18,370.84	18,309.84	17,322.03	99.7	94.3

Program	Appropriations	Obligations	Disbursements	Obligation Rate (%) ^{a/}	Disbursement Rate (%) ^{b/}
HEALTH PROMOTION SUB-PROGRAM	2,058.08	1,646.52	871.09	80.0	42.3
PUBLIC HEALTH PROGRAM, of which	45,280.11	40,778.18	31,687.81	90.1	70.0
FAMILY HEALTH SUB-PROGRAM	10,084.87	7,948.67	4,332.52	78.8	43.0
<i>Family Health, Immunization, Nutrition, and Responsible Parenthood</i>	9,325.79	7,334.56	4,116.73	78.6	44.1
<i>Family Planning and Reproductive Health</i>	759.09	614.10	211.20	80.9	27.8
EPIDEMIOLOGY AND SURVEILLANCE PROGRAM	970.62	733.86	581.21	75.6	59.9
HEALTH EMERGENCY MANAGEMENT PROGRAM	1,204.13	768.04	277.44	63.8	23.0
<i>Health Emergency Preparedness and Response</i>	231.58	217.19	116.49	93.8	50.3
<i>Quick Response Fund</i>	972.55	550.85	160.96	56.6	16.6
HEALTH FACILITIES OPERATIONS PROGRAM, of which	73,305.87	71,873.71	65,655.39	98.0	89.6
CURATIVE HEALTH CARE SUB-PROGRAM, of which	71,708.77	70,294.38	64,121.46	98.0	89.4
<i>Operation of Hospitals in Metro Manila</i>	18,104.81	17,827.53	16,120.05	98.5	89.0
<i>Operation of Regional Hospitals and Other Health Facilities</i>	51,841.14	51,171.55	47,200.05	98.7	91.0
SOCIAL HEALTH PROTECTION PROGRAM, of which	63,873.61	55,058.62	35,806.77	86.2	56.1
<i>Medical Assistance to Indigent and Financially Incapacitated Patients</i>	61,971.83	53,474.74	34,583.11	86.3	55.8

a/ Obligation rate – ratio of obligations to appropriations
b/ Disbursement rate – ratio of disbursements to appropriations
Source: SAAODB 2024 (FAR No. 1 in Transparency Seal)

5.7. The 2026 NEP uses the Program Expenditure Classification (PREXC) to present the Operations budgets of national government agencies (NGAs). It is a budgeting reform that aims to tighten the link between the agency strategies, budget allocations, and desired results, especially in terms of benefits to citizens. Under PREXC, the Operations budgets of agencies are structured by Programs comprising related activities and projects contributing to a common Organizational Outcome (OO).

Programs in the NEP contain performance indicators which are useful inputs in assessing the efficiency and effectiveness of service delivery by NGAs. The NEP reports by performance indicator (at output and outcome levels) the accomplishments of NGAs vis-à-vis Program targets. Such information can be used to assess the soundness of agency budget proposals considering levels of past accomplishments and targets for the coming fiscal year.

- 5.8. Table 11.1 shows the accomplishments against the targets of major DOH programs in 2022, 2023 and 2024. The performance indicators include "outcome indicators," which are any changes, effects, or results brought about by the agency's programs on individuals, social structures, or the physical environment. "Output indicators" denotes any good or service an agency delivers to a target population or clientele outside of the agency. Some of the indicators for 2022 were revised for 2023 and 2024, particularly on its targets for the human resources for health (HRH), which may be due to the devolution of the function of hiring medical workers to the LGUs. Instead, the DOH focused their efforts on supplementing poor municipalities, GIDAs and other vulnerable areas with HRH through the National Health Workforce Support System.
- 5.9. The DOH met its targets for most of its programs in 2024. However, it continued to fail to meet its target in one very important program, the *immunization of children* under the Public Health Program. The DOH only achieved 63.0% fully immunized children compared to the 95% target. This failure could indicate that many children are at risk of contracting childhood diseases such as measles, polio, and TB, which immunization could have prevented. Children getting sick negatively affects their future health outcomes and puts added pressure on the health system. Additionally, the UNICEF has determined that investing in immunization is a cost-effective public health strategy. Preventing diseases before they occur reduces the long-term financial burden on families, healthcare systems, and the economy. Immunization lowers hospitalization costs, minimizes productivity losses due to illness, and avoids the high costs of treating preventable diseases. In the long run, vaccination leads to healthier communities and more sustainable healthcare spending.

The OSEC also failed to meet its target under the same program for the indicator on *percent of CHDs with no stockouts of major health commodities for Integrated Comprehensive Essential Service Delivery Package as identified by the programs*. In 2024, the agency only achieved 69% of CHDs, down from the 95% of CHDs it recorded in 2023.

Another indicator in which the DOH missed its target is the *provision of Anti-Retroviral Treatment (ART) for persons living with HIV (PLHIV)*. With a target of 95%, the department achieved only 66% in 2022. While the target for ART was lowered to 70% of persons with HIV, the DOH only reached 64% of its intended population. The DOH increased its goal to 95% in 2024 but only achieved 67%. As of the end of 2024, the DOH reported an estimated 215,400 PLHIV in the country. While there was a decline in HIV diagnoses and treatment coverage in the first quarter of 2025, viral load suppression or the reduction of the amount of HIV in the blood of PLHIV, remained unchanged, signaling a challenge in meeting the 95-95-95 UNAIDS targets by 2030³

- 5.10. In 2023, the DOH also fell short of its target under the MAIFIP program, covering only 59% of the excess net bills incurred by eligible patients, well below its 100% target. However, the DOH reported that it successfully met this target in 2024. Meanwhile, the department exceeded its goal for the number of patients who requested and received

³ The 95-95-95 targets are global goals set by UNAIDS to help end the HIV epidemic by 2030. These targets aim to ensure that 95% of all people living with HIV (PLHIV) know their HIV status; 95% of those diagnosed with HIV receive sustained ART; and 95% of those receiving ART achieve viral suppression, meaning the virus is undetectable and cannot be transmitted.

assistance. The target for this outcome was significantly increased from 1,311,983 to 4,000,000 patients, coinciding with a substantial budget increase for MAIFIP: from the proposed P22.26 billion in the 2024 National Expenditure Program (NEP) to P50.09 billion in the 2024 General Appropriations Act (GAA).

As in previous years, several members of the House of Representatives raised concerns during the 2025 DOH budget hearing about the difficulties their constituents face in accessing benefits, particularly in areas without government hospitals. They reiterated their longstanding recommendation for the DOH to establish agreements with private hospitals to make the MAIFIP program more accessible. Additionally, a suggestion was made for the DOH to provide a comprehensive list of private hospitals that accept MAIFIP, so that beneficiaries can be properly guided on where to seek assistance.

TABLE II.I
PERFORMANCE INDICATORS OF MAJOR PROGRAMS, 2023-2024

Program	Actual vs. (Target)		
	2022	2023	2024
Health Systems Strengthening Program			
Outcome Indicators			
<i>Percentage of decrease in HRH gap in the identified priority areas based on HRH standards in primary care facilities</i>	N/A	41% (Equal or more than 50%)	50% (Equal or more than 50%)
<i>Percentage of Health Facilities Enhancement Program projects completed within contract timeline.</i>	N/A	N/A	71% (70%)
<i>Percentage of Health Facilities Enhancement Program projects implemented by DPWH completed within contract timeline.</i>	N/A	109% (70%)	Pending submission of Report (70%)
Output Indicators			
<i>Percent of partners provided with technical assistance on local health systems development</i>	100% (100%)	100% (100%)	100% (100%)
<i>Percent of identified priority areas supplemented with HRH from National Health Workforce Support System</i>	N/A	100% (100%)	100% (100%)
Public Health Program			
Outcome Indicators			
<i>Percent of external clients who rated the technical assistance provided as satisfactory or better</i>	100% (100%)	100% (100%)	100% (100%)
<i>Percent of fully immunized children</i>	72% (95%)	62% (95%)	63% (95%)
<i>Percent demand satisfied with modern family planning method</i>	65% (65%)	67% (61%)	N/A
<i>Number of malaria-free provinces</i>	65 (75)	72 (65)	N/A
<i>Number of filariasis-free provinces</i>	44 (45)	44 (45)	N/A
<i>Number of rabies-free zones (provinces)</i>	8 (9)	8 (9)	N/A
<i>Percent of people living with HIV on Anti-Retroviral Treatment (ART)</i>	66% (95%)	64% (70%)	67% (95%)
<i>Treatment success rate for all forms of tuberculosis</i>	77% (90%)	86% (90%)	82% (90%)
Output Indicators			
<i>Percent of LGUs and other health partners provided with technical assistance on public health programs</i>	100% (100%)	100% (100%)	101% (100%)

Program	Actual vs. (Target)		
	2022	2023	2024
<i>Percent of received health commodities from the Central Office distributed to health facilities based on the allocation list</i>	94% (Varies per region)	89% (Varies per region)	95% (85%)
<i>Percent of procured cancer commodities distributed to access sites</i>	100% (80%)	83% (80%)	N/A
<i>Percent of access sites provided with tracer cancer drug</i>	N/A	N/A	3% (80%)
<i>Percent of access sites provided with tracer mental health drug</i>	N/A	N/A	92% (80%)
<i>Percent of Centers for Health Development (CHDs) with no stock-outs of centrally procured major health commodities for Integrated Comprehensive Essential Service Delivery Package as identified by the programs</i>	100% (85%)	95% (85%)	69% (90%)
Health Facilities Operation Program			
Outcome Indicator			
<i>Hospital Infection Rate</i>	0.67% (<1%)	0.57% (<1%)	0.49% (<1%)
<i>Drug Abuse Treatment Completion Rate</i>	N/A	100% (85%)	101% (85%)
Output Indicator			
<i>Number of policies, manuals, and plans developed on health facility development issued and disseminated</i>	53 (12)	36 (12)	31 (12)
<i>Percent of National External Quality Assurance Scheme provided to Health Facilities by the National Reference Laboratories</i>	100% (90%)	101% (90%)	100% (90%)
<i>Number of blood units collected by blood service facilities</i>	218,460 (218,460)	301,150 (236,844)	336,398 (336,398)
<i>Percent of in-patients, out-patients, and aftercare drug abuse cases managed.</i>	110% (100%)	104% (100%)	107% (100%)
Social Health Protection Program			
Outcome Indicator			
<i>Percent of excess net bill covered by Medical Assistance for Indigent Program (MAIP) incurred by indigent and financially incapacitated patients.</i>	100% (100%)	59% (100%)	100% (100%)
Output Indicator			
<i>Number of Patients provided with medical assistance</i>	2,426,371 (1,500,000)	N/A	5,023,889 (1,311,983 Target expanded to 4,000,000 patients)
<i>Percent of Patients requesting assistance provided with medical and financial assistance</i>	N/A	299% (100%)	N/A

Source: NEP 2026

5.11. The change in the organizational outcomes beginning 2025 (*Section 1.5*) was accompanied by corresponding changes in the performance indicators (*Table 11.2*). Due to the regrouping of the programs and activities therein, some of the performance indicators also changed. Thus, the Department's performance indicators for 2025 and 2026 may not be comparable to those of previous years.

5.12. The DOH's organizational outcomes directly support the PDP's overarching objective of promoting human development, as provided in Chapter 2 (Promote Human and Social Development). Its outcome and output indicators in several programs are closely aligned with PDP strategies in the Sub-Section 2.1 on Boost Health.

The Local Health System Support Program addresses the PDP strategy of strengthening the health system and improving the access to, quality and efficiency of health care, especially for vulnerable groups. Indicators such as the *percentage of Health Facilities Enhancement Program projects implemented by DOH and DPWH completed within the contract timeline*, *percentage of functional BUCAS centers*, and *percentage of decrease in HRH gap in the identified priority areas based on HRH standards in primary care facilities* directly reinforce PDP commitments to secure sustainable and equitably distributed health infrastructure and human resources. Additionally, the Public Health Program complements strategies on promoting strategic purchasing for quality efficiency and cost effectiveness.

The Social Health Protection Program links to PDP priorities on ensuring risk protection as shown by indicators on the percent of excess net bill covered by MAIFIP incurred by indigent and financially incapacitated patients.

**TABLE II.2
PERFORMANCE INDICATORS OF MAJOR PROGRAMS, 2025-2026**

Program	2025 Target	2026 Target
Health Policy and Systems Strengthening Program		
Outcome Indicators		
<i>Percentage UHC Integration Sites (UHC IS) that achieved the target number of key Result Atas (KRAs) in Local Health Systems Maturity Levels (LHS ML)</i>	100% (58 UHC IS achieved at least 90% of the Level 3 LHS ML KRAs)	100% (58 UHC IS achieved at least 90% of the Level 3 LHS ML KRAs)
<i>Percentage of Partners with fulfilled technical assistance agenda on local health systems development</i>	100%	100%
<i>Percentage of health settings recognized</i>	100%	100%
<i>Percentage of outbreaks and health events of public concerns requiring investigations are examined by the Regional Epidemiology Surveillance Units (RESUs) and/or the Epidemiology Bureau</i>	90%	90%
<i>Percentage of local government units with zero outbreak post disaster</i>	100%	100%
<i>Percentage of partners provided with fulfilled technical assistance on public health</i>	100%	100%
<i>Percentage of local government units with institutionalized Disaster Risk Reduction Management for Health System</i>	N/A	87%
Output Indicators		
<i>Percentage of Priority Human Resource for Health (HRH) deployed in primary health care facilities provided with appropriate Learning Development Interventions</i>	100%	100%
<i>Percentage of policies, plans and research outputs issued and disseminated</i>	100%	100%
<i>Percentage of epidemiology and surveillance and public health statistical reports generated and disseminated</i>	90%	90%
<i>Percentage of policies, manuals, and plans developed on health facility development issued and disseminated</i>	N/A	100%
Local Health System Support Program		
Outcome Indicators		
<i>Percentage of fully-immunized children</i>	95%	95%
<i>Treatment success rate for drug-susceptible tuberculosis</i>	80%	15%
<i>Percentage of 30-65 years old women screened for cervical cancer</i>	N/A	80%
<i>Percentage of decrease in HRH gap in the identified priority areas based on HRH standards in primary care facilities.</i>	MD: 20%; RN: 70%; RM 30%	MD: 20%; RN: 75%; RM 30%
Output Indicators		
<i>Percentage of centrally procured health commodities distributed to the Centers for Health Development on time.</i>	90%	N/A

Program	2025 Target	2026 Target
<i>Percentage of centrally procured health commodities distributed to the Centers for Health Development and other health facilities on time.</i>	N/A	90%
<i>Percentage of functional Bagong Urgent Care and Ambulatory Service (BUCAS) centers</i>	100%	100%
<i>Percentage of Health Facilities Enhancement Program projects implemented by DOH completed within the contract timeline.</i>	70%	70%
<i>Percentage of Health Facilities Enhancement Program projects implemented by DPWH completed within the contract timeline.</i>	70%	N/A
<i>Percentage of identified priority areas supplemented with HRH through the National Health Workforce Support System</i>	100%	100%
Health Facilities Operation Program		
Outcome Indicator		
<i>Hospital Acquired Infection Rate</i>	<1%	<1%
<i>Client Experience Survey score</i>	86%	86%
<i>Drug abuse treatment completion rate</i>	85%	85%
Output Indicator		
<i>Percentage of functional designated specialty centers</i>	100%	100%
<i>Percentage of hospitals that achieved the target public health unit functionality</i>	100%	100%
<i>Percentage of National External Quality Assurance Scheme provided to health facilities by the National Reference Laboratories</i>	90%	90%
<i>Percentage of blood units collected by Blood Service Facilities</i>	100%	100%
<i>Percentage of in-patients, out-patients, and aftercare drug abuse cases managed</i>	100%	100%
Health Regulatory Program		
Outcome Indicator		
<i>Percentage of licensed health facilities and services compliant to regulatory policies</i>	100%	100%
<i>Percentage of health establishments and health products compliant to regulatory policies</i>	85%	85%
<i>Percentage of Public Health Emergencies of International Concern and/or Public Health Risks rapidly responded at Point of Entry</i>	100%	100%
Output Indicator		
<i>Percentage of applications for permits, licenses, or accreditation processed within the Citizen's Charter Timeline</i>	92% (DOH-OSEC); 85% (FDA); 90% BOQ	92% (DOH-OSEC); 85% (FDA); 100% BOQ
<i>Percentage of licensed health facilities and services compliant to regulatory policies monitored and evaluated for continuous compliance to regulatory policies</i>	98%	98%
<i>Percentage of health establishments and health products monitored and evaluated for continuous compliance to regulatory policies</i>	65%	65%
<i>Percentage of border control and port health surveillance reports generated and disseminated.</i>	100%	100%
Social Health Protection Program		
Outcome Indicator		
<i>Percentage of excess net bill incurred by indigent and financially incapacitated patients covered by Medical Assistance for Indigent and Financially Incapacitated Patients Program</i>	100%	100%
<i>Percentage of Patients provided with medical assistance</i>	100%	100%

VI. COA FINDINGS AND RECOMMENDATIONS

- 6.1. The 2023 COA audit report for the DOH highlighted that various drugs, medicines, and other inventory items, including over seven million vials of COVID-19 booster shots, expired in DOH warehouses and other health facilities. The Commission attributed this significant wastage, amounting to P11.19 billion, to inadequate procurement planning, as well as deficiencies in distribution and monitoring systems.

The Commission recommended the proper and timely disposal of expired COVID-19 vaccines and other unused medical supplies. Additionally, COA urged the Secretary of Health to strengthen procurement processes by instituting sound planning practices, ensuring reasonable allocations, and establishing clear lines of accountability among DOH offices involved in the procurement and receipt of vaccines.

As of 2024, the DOH has not yet completed the implementation of the recommendation. However, COA noted that the Department is currently implementing proactive measures in the procurement, stocks and inventories for the efficient use of vaccines. The SOH has also issued guidelines on the Management of Healthcare Waste generated from COVID-19 vaccine usage. The COA also reported that as of May 8, 2024, near-expiring drugs and medicines were already consumed before their expiry date.

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**EXPENDITURE PROGRAM BY GENERAL EXPENSE CLASS, 2024-2026
(AMOUNTS IN MILLION PESOS)**

Particulars	2024					2025					2026				
	PS	MOOE	CO	FinEx	TOTAL	PS	MOOE	CO	FinEx	TOTAL	PS	MOOE	CO	FinEx	TOTAL
OSEC	94,769.2	159,050.2	23,498.5	-	277,317.9	86,663.6	124,771.7	41,554.2	-	252,989.5	108,741.7	122,083.2	29,365.7	-	260,190.7
NNC	95.1	416.9	16.8	-	528.8	92.1	208.5	18.5	-	319.1	102.0	209.8	-	-	311.8
PNAC	30.6	15.0	3.0	-	48.6	27.5	17.3	7.3	-	52.2	35.6	24.0	5.9	-	65.6
Total	94,894.9	159,482.1	23,518.3	-	277,895.3	86,783.2	124,997.5	41,580.0	-	253,360.8	108,879.3	122,317.1	29,371.6	-	260,568.0

Source: FY 2026 BESF

**EXPENDITURE PROGRAM BY GENERAL EXPENSE CLASS, 2024-2026
(AS PERCENT TO TOTAL AGENCY)**

Particulars	2024					2025					2026				
	PS	MOOE	CO	FinEx	TOTAL	PS	MOOE	CO	FinEx	TOTAL	PS	MOOE	CO	FinEx	TOTAL
OSEC	34.2	57.4	8.5	0.0	100.0	34.3	49.3	16.4	0.0	100.0	41.8	46.9	11.3	0.0	100.0
NNC	18.0	78.8	3.2	0.0	100.0	28.9	65.3	5.8	0.0	100.0	32.7	67.3	0.0	0.0	100.0
PNAC	62.9	30.9	6.2	0.0	100.0	52.8	33.2	14.1	0.0	100.0	54.3	36.7	9.0	0.0	100.0
Total	34.1	57.4	8.5	0.0	100.0	34.3	49.3	16.4	0.0	100.0	41.8	46.9	11.3	0.0	100.0

Source: FY 2026 BESF