



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

JAN 23 2021

ADMINISTRATIVE ORDER

No. ~~2020~~ - 0610
2021

SUBJECT: Implementing Guidelines on the Institutionalization of the Chronic Kidney Disease Prevention and Control under the Department of Health

I. BACKGROUND

Despite sharing similar risk factors (impaired fasting plasma glucose, high blood pressure, obesity, diet high in sodium) with lifestyle related Non-Communicable Diseases or NCDs (Cardiovascular Disease, Diabetes, Cancer, Chronic Respiratory Diseases), Chronic Kidney Disease (CKD) is mostly neglected. The onset of CKD is insidious and asymptomatic in its early stages; however, appropriate interventions can slow its progression to its most adverse complication which is End-Stage Kidney Disease (ESKD), a condition that requires renal replacement therapy. To curb the spiraling number of patients progressing to ESKD, prevention and control strategies need to be linked to similar non-communicable diseases to eliminate the shared risk factors and facilitate early detection, evaluation and management of CKD.

The 2019 Global Burden of Disease, Injuries, and Risk Factors Study (GBD) has shown that in the Philippines, Non-Communicable Diseases (NCDs) – ischemic heart disease, stroke, diabetes and chronic kidney disease (CKD)– are among the top 10 causes of death and disability combined. CKD is the 4th leading cause of death in the country. Relative to this, the Philippine Renal Disease Registry (PRDR) reveals that from 2006-2016, the leading cause of ESKD in the country is secondary to complications of diabetes, hypertension and chronic glomerulonephritis.

The increasing number of patients with chronic kidney disease has become an urgent national concern due to the burden of the disease and high costs of care. Hence, there is a need for a harmonized set of guidelines on the prevention and control of CKD integrated with other NCD programs. This issuance prescribes general guidelines aligned with FOURmula One Plus (F1 Plus) for Health and the Universal Health Care (UHC) Act that ensures provision of essential health services through the Health Care Provider Network with linkages to apex hospitals and other facilities providing specialized services.

II. OBJECTIVE

This Administrative Order provides the guidelines for the institutionalization of the Chronic Kidney Disease Prevention and Control under the Disease Prevention and Control Bureau.

III. SCOPE

This Order shall apply to all offices and attached agencies of the Department of Health (DOH), Centers for Health Development, Local Government Units, the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) subject to the applicable provisions of RA 11054 or the “Bangsamoro Organic Act” and subsequent rules and policies issued by

the Bangsamoro Government, DOH Hospitals and Specialty Medical Centers, other government and private national and local health facilities, health care providers and relevant stakeholders that contribute to the prevention and control of chronic kidney disease.

IV. DEFINITION OF TERMS

- A. **Chronic Kidney Disease (CKD)** is defined as abnormalities of kidney structure or function, present for > 3 months, with implications for health and classified based on cause, glomerular filtration rate (GFR) category and albuminuria category (CGA).
- B. **End Stage Kidney Disease (ESKD)** - also Chronic Kidney Disease Stage 5 is the advanced stage of kidney disease wherein the kidneys have lost nearly all their ability to do their job effectively and eventually dialysis or kidney transplantation is needed to survive.
- C. **Health Care Provider Network (HCPN)** –refers to a group of primary to tertiary care providers, whether public or private, offering people-centered and comprehensive care in an integrated and coordinated manner with the primary care provider acting as the navigator and coordinator of health care within the network.
- D. **Philippine Package of Essential NCD Interventions (PhilPEN)** – adopted from the World Health Organization (WHO) through DOH AO No. 2012-0029. PhilPEN is a prioritized set of cost-effective interventions that can be delivered to an acceptable quality of care, even in resource-poor settings. It defines a minimum set of essential NCD interventions to initiate a process of universal coverage reforms.
- E. **Renal Replacement Therapy (RRT)** – is a term used to encompass life-supporting treatment for renal failure. It includes hemodialysis, peritoneal dialysis, hemodiafiltration and renal transplantation.

V. GENERAL GUIDELINES

- A. Chronic Kidney Disease management shall be one of the major components of the Lifestyle Related Diseases Prevention and Control Program of the Disease Prevention and Control Bureau (DPCB).
- B. The DOH shall establish strategic collaboration and partnerships with organizations, agencies, other institutions and stakeholders concerned in the prevention and control of chronic kidney disease.
- C. These guidelines shall be aligned with the principles and objectives of the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020, Sustainable Development Goals 2030 and subsequent policies.
- D. For its effective and efficient implementation at all levels, prevention and control interventions shall be incorporated in the PhilPEN as a component of the individual-based health service package across life stages under AO No. 2020-0040 “Guidelines in the Classification of Individual-Based and Population-Based Primary Care Service Package”. A Manual of Procedures (MOP) expounding these services shall be developed for the proper guidance of program managers, field implementers and partners.

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- E. Resource stratified framework for renal care and transplant centers shall be included in The Philippine Health Facility Development Plan for 2020-2040. Renal care units and specialty centers providing appropriate renal care services and kidney transplant services shall be identified and enhanced.
- F. The Renal Disease Control Program (REDCOP) formerly under the National Kidney and Transplant Center shall be assumed by the DOH and its strategies and interventions integrated in the implementing guidelines of CKD prevention and control.

VI SPECIFIC GUIDELINES

- A. Overall technical supervision shall be provided by a CKD Prevention and Control National Program Manager. The National Program Manager shall oversee the nationwide implementation of these guidelines; recommend appropriate policies for its effective and efficient implementation in consultation with partners and stakeholders; establish collaborative networks with public and private organizations, agencies and other institutions; and, ensure adequate and appropriate funding.
- B. Coordination with the Philippine Organ Donation and Transplantation Program (PODTP), DOH Hospitals and Specialty Medical Centers shall be instituted to ensure that all instances of living and deceased organ and tissue donation such as the kidneys, comply with existing national laws, policies, and regulations and that these practices abide by ethical standards.
- C. To ensure a comprehensive approach to the prevention and control of chronic kidney disease, collaboration with the other programs and DOH Offices as well as with partners and stakeholders shall be done.
- D. Components
 - 1. Renal Care and Kidney Transplant Services
 - a. Primary renal care services including health promotion activities, prevention, screening, risk assessment, evaluation and referral using the PhilPEN shall be provided at the primary health care facilities.
 - b. Organ donation and transplantation advocacy, hemodialysis and peritoneal dialysis services shall be provided by specialized outpatient facilities. Intermediate renal care services including management of early-later stages of kidney diseases, renal biopsy, hemodialysis (HD) and peritoneal dialysis (PD) services shall be provided by renal care units in secondary level health facilities. Uncomplicated to complex transplant surgeries and related services shall be done in specialty tertiary level health facilities.
 - c. The National Kidney and Transplant Institute (NKTII) as the National Specialty Center and apex or end-referral facility for renal care and transplant services, shall provide the highest level of clinical services such as but not limited to laparoscopic donor surgery, highly sensitized transplant and multi-organ transplantation.
 - 2. Health Care Provider Network
 - a. Renal care and renal replacement therapy services shall be delivered through a functional health care provider network (HCPN), whether public

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or private, to ensure access of kidney patients to appropriate services and interventions.

- b. A referral system shall be established and expounded where patients including both resident and returning overseas Filipinos receive needed renal care services at the appropriate level of care.
- c. All HCPNs shall have primary to tertiary care providers with linkages to apex hospitals and other facilities providing specialized services as per AO No. 2020-0019 “Guidelines on the Service Delivery Design of Health Care Provider Networks”.

3. Health Promotion

The DOH shall conduct information, education and communication initiatives and advocacy campaign on renal care. The focus of the campaign shall be on the promotion of renal health, control of risk factors, and the need for early diagnosis and management to prevent progression to ESKD.

4. Information Management System

The DOH through the Knowledge Management and Information Technology Service (KMITS) shall assume management of the Philippine Renal Disease Registry (PRDR) and integrate it into existing health information systems or electronic health records. The registry which was formerly institutionalized under the DOH-National Epidemiology Center (now, Epidemiology Bureau) with NKTI as its implementing arm under AO 2009-0012 “Guidelines Institutionalizing and Strengthening the PRDR under the Department of Health”, shall be transferred to KMITS.

5. Health Care Financing

The DOH and LGUs shall finance population-based health services such as chronic kidney disease surveillance and health promotion activities for kidney care. All individual-based health services including preventive, risk management, renal care and renal replacement therapy services shall be covered by Philhealth per AO No. 2020-0040 “Guidelines in the Classification of Individual-Based and Population-Based Primary Care Service Package.”

VII . ROLES AND RESPONSIBILITIES

A. Department of Health – Central Office shall develop systems, policies and guidelines that will facilitate the implementation of the Chronic Kidney Disease Prevention and Control at all levels. As such, the following offices shall have the following responsibilities:

1. The Disease Prevention and Control Bureau (DPCB) shall:
 - a. Lead in the formulation of evidence-based health intervention programs and strategies to ensure optimal use of resources and early attainment of better renal health outcomes;
 - b. Develop a five-year multi-sector strategic plan for NCDs including chronic kidney disease prevention and control
 - c. Provide technical assistance in the operationalization of CKD prevention and control through the Centers for Health Development (CHD);

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- d. Coordinate with the different CHD Offices in its implementation and;
 - e. Conduct monitoring and evaluation of implementation.
2. The Health Promotion and Communication Services (HPCS)/ Health Promotion Bureau shall lead in the development of policies addressing social determinants of health and assist DPCB in addressing risk factors of CKD, developing advocacy and renal health promotion plans, and provision of information on renal care at the community and facility level.
 3. Knowledge Management and Information Technology Service (KMITS) shall assume management, operation and maintenance of the PRDR, integrate it into existing health information systems or electronic health records and provide annual statistical reports.
 4. The Health Policy Development Planning Bureau (HPDPB) shall assist DPCB in developing policies and strategies on renal care.
 5. The Bureau of International Health Cooperation (BIHC) shall:
 - a. assist DPCB in establishing and maintaining strong linkages with international government agencies, civil society organizations, bilateral partners, and the like, in support of the ethical and legal implementation of the Chronic Kidney Disease Prevention and Control;
 - b. align succeeding international commitments to the principles and strategies stated in this Administrative Order; and
 - c. refer and coordinate returning Overseas Filipinos (OF) to the appropriate network of care for initial and continuous management of chronic kidney disease.
 6. The Health Facilities Development Bureau (HFDB) shall:
 - a. ensure the inclusion of investment needs for nationwide access to renal care in the Philippine Health Facility Development Plan, and;
 - b. include the resource stratified framework for renal care and transplant into the Philippine Health Facility Development Plan 2020-2040.
 7. Health Facilities and Services Regulatory Bureau (HFSRB) shall:
 - a. set the standards and requirements for the licensure of dialysis facilities and accreditation of kidney transplant units in hospitals;
 - b. issue regulatory authorizations (Department of Health- Permit to Construct and License to Operate) required prior to the operation of a dialysis facility within HFSRB's jurisdiction (hemodialysis add-on service to level 2 hospitals and non-hospital based dialysis facilities) provided that such facility has been found compliant to set licensing standards and requirements;
 - c. issue certificate of accreditation to kidney transplant units (KTUs) in hospitals which are compliant to the prescribed standards and technical requirements for KTUs; and

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d. monitor dialysis facilities (within its jurisdiction) and kidney transplant units in hospitals for continuous compliance.

8. Centers for Health Development (CHD) shall:

a. through the Local Health Support Division:

- i. facilitate the implementation of the CKD prevention and control;
- ii. provide technical assistance to the LGUs;
- iii. coordinate the integration of renal care and renal replacement therapy in the health care provider network; and,

b. through the Regulation, Licensing and Enforcement Division:

- i. issue regulatory authorizations (Department of Health- Permit to Construct and License to Operate) required prior to the operation of a dialysis facility within its jurisdiction (hemodialysis as an add-on service to level 1 hospitals) or when delegated, provided that such facility has been found compliant to licensing standards and requirements; and,
- ii. monitor dialysis facilities within its jurisdiction or when delegate for continuous compliance.

9. DOH Hospitals and Specialty Medical Centers shall:

- a. ensure the availability of quality renal care and renal replacement services to its clients especially the poor and marginalized;
- b. ensure compliance with national laws, policies and standards on living and deceased organ and tissue donation such as the kidneys and abide by ethical standards; and,
- c. ensure effective coordination and navigation of clients with other health care providers, both public and private.

10. Philippine Health Insurance Corporation (PHIC) shall review, develop and implement health benefit packages related to chronic kidney disease subject to health technology assessment, ensure benefit payments for renal care and renal replacement services, explore their expansion coverage, and facilitate accreditation of HD and PD facilities.

B. Local Government Units (LGUs) shall ensure the availability and equitable accessibility from initial and continuing point of contact to renal care and renal replacement services through the HCPN with linkages to apex hospitals and other facilities providing specialized services within their jurisdiction.

C. National professional organizations for renal care and transplant services that are recognized and accredited by the Professional Regulation Commission or the Philippine Medical Association shall provide expertise and recommendations for policy formulation regarding renal disease, coordinate and participate in public health programs geared towards awareness, prevention and treatment of renal disease.

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D. Civil Society Organizations (CSOs), other Non-Government Organizations (NGOs) and partners are encouraged to advocate and support CKD prevention and control strategies and activities.

VIII REPEALING CLAUSE

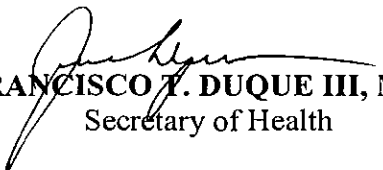
This Order repeals AO 2009-0012 “Guidelines Institutionalizing and Strengthening the Philippine Renal Disease Registry under the Department of Health.” Provisions from previous issuances that are inconsistent or contrary to the provisions of this Order shall be deemed implied or expressly amended.

IX. SEPARABILITY CLAUSE

In the event that any provision or any part of this Order is declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected by such declaration shall remain valid and in full force.

X. EFFECTIVITY

This Order shall take effect fifteen (15) days following its publication in the Official Gazette or a newspaper of general circulation.


FRANCISCO T. DUQUE III, MD, MSc.
Secretary of Health