[DOH ADMINISTRATIVE ORDER NO. 2010-0019, June 23, 2010]

ESTABLISHMENT OF A NATIONAL PROGRAM FOR SHARING OF ORGANS FROM DECEASED DONORS

I. RATIONALE

Transplantation has allowed the improvement and prolongation of lives of patients in need of organ replacement. The traditional source of organ grafts has been deceased donors, i.e. individuals who suffer severe irreversible brain injury with the rest of the body remaining practically intact and "healthy". However, the perennial lack of deceased organ donors has continually hampered the widespread application of transplantation. The imbalance of supply and demand has created the need to resort to other sources of grafts, such as living donors. Organ donation from living donors, albeit a noble act of charity, has been beset by numerous ethical issues and has unfortunately lent itself to abuse and has been tainted with commercialism in many areas of the world, including the Philippines. While the Department of Health (DOH) finally addressed the situation and established mechanisms to curtail organ sale and protect the living kidney donor through AO No. 2002-0124 and AO No. 2008-0004-A, deceased donor organ transplantation had not been given enough attention. While the National Kidney and Transplant Institute (NKTI)-based Human Organ Preservation Effort (HOPE) has been functioning since 1983, the deceased donation rate in the Philippines has remained at way below 1 per million population per year.

The 2008 Declaration of Istanbul on Organ Trafficking and Transplant Tourism strongly encouraged governments, in collaboration with health care institutions, professional and non-governmental organizations to take appropriate action to increase deceased organ donation, remove obstacles and disincentives to deceased organ donation, enact legislation and create transplantation infrastructure so as to fulfill each country's deceased donor potential (Istanbul Declaration 2008). Tackling the issue of human organ and tissue transplantation in the 63rd World Health Assembly, it was reported that "experience in countries with the most successful deceased donor programs has shown the advantage of having strong national organizations that can stimulate, coordinate and regulate donation and transplantation. Such organizations can inform the public about the importance of sustaining a community resource that is built on voluntary, unpaid donation of organs, tissues and cells rather than on the exploitation inherent in organ purchases and that provides equitable access to all." (63rd World Health Assembly provisional agenda item 11.21).

In response to this, the DOH is spearheading the development of a national system of promoting organ donation from deceased donors and sharing of grafts through the Philippine Network for Organ Sharing (PHILNOS). The potential of deceased donor organs is yet to be maximized in our country where the estimated number of

deaths due to accidents is about 8000 per year (ADB-ASEAN Regional Road Safety Program, Accident Costing Report AC7: Philippines). This Network will implement a system of timely referral and processing of potential multiple organ donors, equitable allocation and efficient procurement and transplantation of organs from them. Furthermore the DOH has developed an online database, the Philippine Organ Donor and Recipient Registry System (PODRRS) that will support the implementation of the PHILNOS guidelines.

II. OBJECTIVES

This Order sets policies and guidelines for the efficient and equitable sharing of organs from deceased donors.

Specific Objectives:

1. To establish the Philippine Network for Organ Sharing (PHILNOS).
2. To initiate and maintain the Philippine Organ Donor and Recipient Registry System (PODRRS).
3. To promote organ donation from the deceased.

III. COVERAGE

The policies and guidelines contained herein shall apply to all government and private hospitals and health facilities, Organ Procurement Organizations, medical and allied medical practitioners involved in organ and tissue transplantation in the Philippines.

IV. DEFINITION OF TERMS

1. Brain Death (BD) is the irreversible cessation of all functions of the entire brain, including the brain stem.

2. Death (as per RA 7170 definition) is the irreversible cessation of circulatory and respiratory functions or the irreversible cessation of all functions of the entire brain, including the brain stem, which is determined in accordance with the acceptable medical practice and diagnosed separately by the attending physician and another consulting physician, both of whom must be appropriately qualified and suitably experienced in the care of such patients.

3. Decedent is a deceased individual, and includes a still-born infant or fetus.

4. Donor Allocation Scoring System (DASS) is the national scoring system by which allocation of kidney grafts from deceased donors shall be based.

5. Graft is an organ that has been removed from the body of an organ donor for transplantation into a recipient.

6. Hospital Transplant Candidate Waiting List is the database of all potential organ recipients of a particular Transplant Center. This shall be administered by the Clinical Transplant Coordinator of the hospital's Transplant Program.

7. National Transplant Candidate Waiting List is the Philippine database of all potential organ recipients. The candidates who will be registered in

this list shall come from the waiting lists of the different accredited Transplant Centers of the Philippines.

8. Organ Procurement Organization (OPO) is a DOH accredited non-profit organization, independent or hospital-based, composed primarily of transplant coordinators and transplant specialists (internists and surgeons), who can identify, evaluate and maintain potential organ donors and retrieve organs from them.

9. Host OPO is the particular OPO responding to an organ donor call from a referring hospital.

10. Organ Transplant Candidate (OTC) is a patient with end-stage-organ-disease (ESOD) who is qualified to receive an organ graft.

a. **Kidney Transplant Candidate (KTC)** is a patient with end-stage-renal-disease (ESRD) who is qualified to receive a kidney graft.
b. **Liver Transplant Candidate (LTC)** is a patient with end-stage-liver-disease (ESLD), acute liver failure, or specific metabolic disorder who is qualified to receive a liver graft.

11. Philippine Organ Donor and Recipient Registry System (PODRRS) is the system that shall contain the national computerized database of all organ transplant candidates, transplant recipients, and organ donors.

12. Potential Multiple Organ Donor (PMOD) is any patient who will imminently become brain dead, or who currently meets the criteria for brain death.

13. Referring Hospital (RH) shall be any hospital that identifies and refers potential deceased organ donors to PHILNOS.

14. Transplant Center (TxC) shall be hospitals with transplant facilities duly accredited by the Department of Health (DOH).

15. Transplant Coordinator (TC) is the designated trained health care professional who takes the central role and acts as liaison among the donor hospital, retrieval and transplant team members in processing a potential organ donor.

a. **Procurement Transplant Coordinator (PTC)** is the TC who shall have the responsibility of coordinating the donor's evaluation, management, and recovery of organs and/or tissues for transplantation.

b. **Clinical Transplant Coordinator (CTC)** is the TC who shall have the responsibility of coordinating the transplant candidate's evaluation, management, and follow-up care.

16. Transplant Recipient (TR) is a patient who has received an organ graft.

V. GENERAL GUIDELINES

1. The Philippine Network for Organ Sharing (PHILNOS) shall be the organization that will facilitate and oversee organ donation and organ transplantation involving deceased donors in the country. It shall serve as the central coordinating body of all deceased organ/ tissue donation and transplantation activities. It shall replace the National Human Organ Preservation Effort (NHOPE) which was established by virtue of AO No. 2008-0004.

2. The specific objectives of the PHILNOS are the following:

a. To manage the national deceased donor program, ensuring effectiveness, efficiency, equity and transparency in the national system of allocation of deceased organs.
b. To initiate and implement programs that will increase awareness and acceptance of deceased organ donation and transplantation and increase the number of deceased donors who will donate organs for transplantation.
c. To formulate, recommend and implement policies that will promote the ethical practice of deceased organ donation and transplantation.
d. To maintain a national waiting list of transplant candidates and a national registry of transplant recipients.
e. To make policy recommendations to the DOH for legislation and other related matters pertaining to the deceased donor program.
f. To perform such other functions as may be ordered by the Secretary of Health in relation to its primary function.

3. The function of the PHILNOS shall be carried out through special organ procurement service units called Organ Procurement Organizations (OPO) that need to be DOH accredited.

4. Each region shall have its own designated OPO. The National Capital Region (NCR), where transplant activity in the country is concentrated, shall be further divided into several areas of responsibility and each area of responsibility shall be serviced by a designated OPO. All OPOs shall be mandated to serve their designated areas of responsibility and other regions to be assigned by the program manager on an annual basis.

a. Upon issuance of this AO, all existing memoranda of agreement between an OPO and a referring hospital or transplant center shall be terminated.
b. All existing OPOs shall be given privileged accreditation for a period of one year, provided that they fulfill the minimum requirements of such organizations (see Appendix B*)
c. After the initial year of accreditation, the existing OPOs shall be subjected to a review of performance and renewal of accreditation which shall be every 3 years
d. Accreditation of new OPOs shall also initially be for a period of 1 year. Thereafter, they may apply for reaccreditation every 3 years.

5. All tertiary hospitals and trauma centers are required to have a PTC, working full-time or part-time, in order to optimize the identification and referral of potential deceased organ donors throughout the country. All TxCs are mandated to have a PTC.

a. All PTCs shall be trained and duly certified by PHILNOS to perform their duties and responsibilities.
b. In the absence of a hospital PTC in the referring hospital, the PTC of the designated OPO shall be called.

6. All patients deemed to be brain dead or in a state of imminent brain death must be referred to the PTC for evaluation as a PMOD in all hospitals.

7. All transplant candidates shall be enlisted according to established criteria per organ. They shall be registered in PODRRS through their respective TxCs.

8. All donor referrals shall be registered in PODRRS. Required donor data shall be provided by the Host OPO.

9. Protocols for donor evaluation, management and procurement including organ acquisition fees shall be standardized by PHILNOS.

a. The organ acquisition fee shall include the following:

i. Brain death assessment and certification costs
ii. Donor evaluation costs
iii. Donor management costs
iv. Organ recovery and delivery costs
v. Professional fees of specialists involved
vi. OPO administrative costs

b. Funeral assistance to the family of the deceased shall be optional.

10. Policies and guidelines for non-renal solid organ donation and transplantation shall be developed.

VI. ORGANIZATIONAL STRUCTURE (See Appendix A*)

1. The PHILNOS shall have a head in the person of the Program Manager who shall be appointed by the DOH secretary.

2. The PHILNOS shall be governed by an Executive Committee composed of:

a. One (1) Program Manager
b. One (1) Assistant Program Manager
c. Committee Heads
d. Three (3) Medical Advisers (Consultants)

All members of the Executive Committee shall be appointed by the DOH secretary.