[DOH Administrative Order No. 2015-0006, February 09, 2015]

INCLUSION OF PROGESTIN SUBDERMAL IMPLANT AS ONE OF THE MODERN METHODS RECOGNIZED BY THE NATIONAL FAMILY PLANNING PROGRAM

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I. RATIONALE

The Philippines continues to have a high level of maternal mortality and has low likelihood of meeting its Millennium Development Goals of reducing maternal deaths by three quarters and in providing universal access to reproductive health services (5th MDG Progress Report, 2014). Despite the increasing number of facility based births, the number of maternal deaths has remained essentially the same in the past 50 years (Philippine Civil Registry and Vital Statistics 1960-2010). The high level of maternal mortality could be driven by high unmet need for modern family planning services. It is estimated that 5.7 million Filipino are at risk from unplanned, mistimed pregnancies due to unmet needs for modern FP (NDHS 2013).

The passage of the Responsible Parenthood and Reproductive Health (RPRH) Act of 2012 (RA 10354), mandated the universal provision of reproductive health services, particularly family planning and safe delivery services, as a means to reduce maternal mortality. Pursuant to its mandate in Section 19.2 of the RPRH Law and Rule 12 of the IRR, the Department of Health shall ensure access to modern FP services which include the inclusion of new and modern methods of FP in its national program. By broadening the range of effective modern FP methods available for clients, the DOH provides a wider set of options for couples to choose from that is consistent with their beliefs and appropriate to their health status, in order to achieve their desired family size.

Among the new and modern methods are progestin subdermal implants. These are long-acting reversible hormonal contraceptives that inhibit ovulation by suppressing the luteinizing hormone surge. It also increases cervical mucus viscocity, making it difficult for the sperm cells to pass through. The method is effective for three years upon application and has a low failure rate of 5 per 10,000 users. Progestin subdermal implants also have a high continuation rate of 84%. (Trusell J, 2011) as well as high satisfaction rating among users, along with that of intrauterine devices (Peipert et al, 2011).

The Food and Drug Administration (FDA) consider progestin subdermal implants (Etonogestrel) as safe, effective and of good quality by issuing a Certificate of Product Registration as early as January 19, 2011. The FDA has also re-certified Etonogestrel implants as required under the provisions of RA 10354 and Supreme

Court decision in James M. Imbong, et.al. vs Paquito N. Ochoa, et.al. GR No. 204819.

II. OBJECTIVE

This Order provides for the inclusion of progestin subdermal implants in the list of modern FP methods deemed to be safe and effective by the National Family Planning Program.

III. SCOPE AND COVERAGE

This Order shall apply to the whole health sector, inclusive of public and private sectors, DOH Central Office, Regional Offices and DOH-retained hospitals; Central Office and regional units of the Commission on Population (POPCOM), Philippine Health Insurance Corporation (PhilHealth), and other DOH attached agencies; LGUs; ARMM; Development Partners; private health care providers; and all others concerned.

IV. DEFINITION OF TERMS

A. **Progestin Subdermal Implant (PSI)** – progestin subdermal implant is a long-acting reversible contraceptive effective for at least three years usually inserted in the inner aspect of the arm.
B. **Private Health Care Providers (PHCPs)** – are health providers (both for-profit and not for-profit) that are not operated or controlled by the state or any of its instrumentalities. PHCPs may be natural or juridical persons, and may either provide health care services or goods and include practicing health professionals, and non-government organization clinics among others.

V. GENERAL GUIDELINES

A. The implementation of this Order shall be aligned with the continuing implementation of RA 10354, its implementing rules and regulations, the National Strategy Towards Reducing Unmet Need for Modern Family Planning as a means to Achieving MDGs on Maternal Health (AO No. 201-0009) and the Philippine Reproductive Health Program (AO No. 1-A s.1998) and other related policies.

B. Progestin subdermal implant shall be included as one of the modern methods of the National Family Planning Program pursuant to Sec. IV.A.3 of AO No. 2012-0009, which mandates the provision of affordable and accessible counseling, supplies, commodities, and services of all safe and effective methods to couples desiring to space or limit family size.

C. Use of progestin subdermal implants shall adhere to the Philippine Clinical Standards Manual on Family Planning 2014 Edition (DM 2014-0311) or its subsequent updated versions.

D. The following are essential elements of a strategy that shall be put in place to introduce the use of progestin subdermal implants:

a. orientation and engagement of program stakeholders,
b. baseline evaluation and integration into SDN,
c. selection and preparation of health facilities plus the referral hospital,
d. social preparation and demand generation activities,
e. preparation of training and IEC materials,
f. preparation of updated clinic records and reporting forms,
g. training of service providers (MDs), nurses/midwives, BHWs/CHTs,
h. quality service provision,
i. supportive supervision and monitoring

Recommended specifications for each element of the strategy to introduce the use of progestin subdermal implants in a local health system is described in Annex A[*].

VI. SPECIFIC GUIDELINES

A. The procurement of progestin subdermal implants shall be guided by mechanisms and steps specified in relevant issuances, which include but are not limited to Rule 4, Sec. 4.10 of the RPRH IRR, the Guidelines on the Estimation of Unmet Need for Family Planning (AO 2014-0043) and AO 2012-0009.
B. Distribution of modern FP commodities and supplies, including progestin subdermal implants, shall be done through a full-service logistics management system with deliveries made direct to service delivery points, pursuant to the Guidelines on Engaging the Services of a Full Service Logistics Provider (DO 2014-0184).
C. Provision of progestin subdermal implants shall be primarily carried out by frontline skilled health professionals in health facilities of LGUs and the DOH, as well as those of the private sector within the service delivery network (SDN).
D. The DOH shall exercise technical oversight and supervision as well as facilitate the establishment of a SDN following the Guidelines in Establishing Service Delivery Networks (DM 2014-0313).
E. Provision of progestin subdermal implants, as well as other modern FP services shall adhere to the principles of informed choice and voluntarism as mandated in DO 2011-0005.
F. Progestin subdermal implants and related counseling services shall be provided at service delivery points (e.g. RHUs, private clinics, public or private hospitals) as part of the full range of modern FP methods. These service delivery points shall include all DOH-retained hospitals except special and specialty hospitals not focusing on women's health, pursuant to the Guidelines in Setting Up Family Planning Services in Hospitals (DM 2014-0312). Progestin subdermal implants shall also be provided in outreach settings following the Guidelines on Implementation of Mobile Outreach Services for Family Planning (AO 2014-0002).
G. The FP clinical competencies of skilled health professionals shall be continually enhanced and shall include training on the provision of progestin subdermal implants. Furthermore, this training shall include systems for monitoring and evaluation of performance prior to certification.