**STRATEGIES NEEDED & PLAN OF ACTION**

The Fishbone diagram shows the factors that can lead to a non-holistic review of medicines policy:

3. Inadequate data collection

2. Limited timeframe for review process

1. Limited resources / funding

* Review based on existing plan of action.
* Not enough budget
* Changes in gov budget spending policy
* Limited capacity policy due to pandemic
* No thorough situational analysis.
* .

Non - Holistic Medicines Policy Review

* Takes longer time to review.
* Limited capacity policy due to pandemic
* 1st term & 2nd term review done by consultant.
* No experience staff.
* Pharmaceutical sector is indeed complex & consists of many stakeholders.

4. Insufficient expertise

5. Implementation challenge

6. Complexity of the policy

**Strategies Needed / Counter measures:**

As a project manager, I was tasked with engaging stakeholders to ensure their input was considered while implementing a new initiative. However, I realised that the process would not be straightforward due to several challenges. Firstly, some stakeholders had limited expertise on the topic, making it difficult to provide meaningful feedback. To address this, our team prepared materials (reference papers) to help them better understand the components and their objectives and provide the compilation of past initiatives and achievements during the engagement sessions for additional guidance. Other than that, as we have limited capacity for each session, to overcome this, I worked closely with the project team to identify and prioritise critical stakeholders and focused on engaging them first before moving on to others. In the end, although the engagement process was challenging, I believe that ourthorough discussions with stakeholders allowed us to identify critical concerns and incorporate their feedback into the implementation plan.

These are the initiatives that our team has carried out:

1. **Careful planning of workshop outlines and participants to gather as much input as possible. (Problem: Limited resource & funding / Inadequate data collection)**
2. Setting a clear objective for each session can help ensure that the input gathered is relevant and focused.
3. Identify specific issues or questions related to the focus for each component in DUNas that need to be addressed and the outcomes expected from the workshop.
4. Inviting diverse range of senior officers to the workshop help to ensure a wide range of perspectives are presented.
5. **Additional staff to assist during the review process (Problem: Limited Timeframe for Review Process)**

Additional staff to assist during the review process can be one of the ways to fill the gaps and improve performance in the review process. To speed up the process, 1 MyStep staff has been recruited to help with literature review, conducting thorough analysis of data and helping in administrative tasks.

1. **Thorough discussion with stakeholders during the engagement session. (Problem: Insufficient expertise and implementation challenge)**A thorough discussion with stakeholders help identify gaps in the current medicines policy and review process. This include:
   1. identifying **areas where more information or evidence is needed, or areas where there are conflicting or inconsistent policies**. For example, for Component 1 - Governance in Medicines - more information and evidence is needed to broaden the scope of this component to include current human resource issues, as this is not covered in any of the components under DUNas.
   2. provide **clarity on policy objectives and ensure that the policy review process is focused and relevant**. This include clearly explaining policy options and seeking feedback on which options are most appropriate given the current context. In relation to Component 5 - Partnership and Collaboration for the Healthcare Industry - the scope and definition of the “partnership” needs to be clear and also what types of collaboration required and the scope that will benefit all parties in pharmaceutical sector.
   3. Identify potential barriers or challenges to implementation and develop strategies to overcome them. This include **identifying the correct stakeholders to engage during the implementation process and developing clear communication strategies** to ensure that all stakeholders are aware of the policy changes.
   4. Thorough discussion strengthens accountability by ensuring that all relevant stakeholders are informed about the policy changes and are **accountable for their role in implementing the changes**. This include setting specific performance indicators or targets and developing strategies to monitor and evaluate progress towards these targets. **All stakeholder must agree on DUNas Policy and its plan of actions.**
   5. Develop a **detailed implementation plan which outlines specific actions and responsibilities for each stakeholders involved**. This can help ensure that everyone is on the same page and that the engagement process leads to concrete results.

I am aware that the review of this policy will require high costs of hiring an experienced consultant and preparing a report on the overall situation of the pharmaceutical sector (the achievements of 16 years of DUNas and the gaps that can be proposed for the development of this sector for a period of 10 years (2022-2030)), but the results of this report will significantly help to shorten the review period, fill the knowledge gaps (of our team) and provide the necessary analysis and perspective that is more comprehensive.

**PLAN OF ACTION**

Gantt Chart on the Review Session of the Malaysia National Medicines Policy

|  | **ACTIVITIES** | **Months (2022)** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| 1. | Component 1 Workshop: Governance in Medicines  (Government) |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. | Component 2 Workshop: Quality, Safety & Efficacy of Medicines (Government) |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. | Component 3 Workshop: Access to Medicines (Government) |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. | Component 4 Workshop: Quality Use of Medicines (Government) |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. | Component 5 Workshop: Partnership & Collaboration for the Healthcare Industry (Government) |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. | Mesyuarat Semakan Dasar Ubat Nasional (Government) |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. | Pembentangan Pelan Tindakan DUNas (Government) |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. | Bengkel DUNAs **(Private Sector)** |  |  |  |  |  |  |  |  |  |  |  |  |

|  | **ACTIVITIES** | **Months (2023)** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| 9. | Mesyuarat Semakan Dasar Ubat Nasional **(Private Sector)** |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. | Bengkel Pemurnian Dasar Ubat Nasional |  |  |  |  |  |  |  |  |  |  |  |  |
| 11. | Mesyuarat Jawatankuasa Pelaksanaan DUNas |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. | Mesyuarat JK Pemandu DUNas |  |  |  |  |  |  |  |  |  |  |  |  |
| 13. | Nota Jemaah Menteri (NJM) Mengenai Perubahan pada Dasar Ubat Nasional |  |  |  |  |  |  |  |  |  |  |  |  |

Petunjuk:

|  |  |  |
| --- | --- | --- |
|  |  | Telah dilaksanakan |
|  |  |  |
|  |  | Belum dilaksanakan |

These are the timelines for each of the activity in order to complete the cycle of reviewing Dasar Ubat Nasional. Below is the agenda for the workshop held for each component.

**PROGRAM BENGKEL SEMAKAN DAN PEMBANGUNAN**

**DASAR UBAT NASIONAL (DUNAS) BIL3/2022**

**(PARTNERSHIP & COLLABORATION FOR THE HEALTHCARE INDUSTRY)**

**PROGRAM PERKHIDMATAN FARMASI**

**29 - 31 MAC 2022**

| **MASA** | **AKTIVITI** |
| --- | --- |
| **29 MAC 2022 (SELASA)** | |
| 8:00 – 8:30 pagi | **Pendaftaran** |
| 8:30 – 9:00 pagi | Bacaan doa & Kata-kata Aluan oleh Pengarah Kanan Perkhidmatan Farmasi  **ATAU**  Pengarah Dasar dan Perancangan Strategik Farmasi |
| 9:00 – 10:30 pagi | **SESI 1:**  **Pembentangan Dasar Ubat Nasional**  **(Latar Belakang, Kronologi dan Evolusi Konsep Pembangunan Dasar Ubat Nasional)**  Oleh:  Puan Nur ‘Ain Shuhaila binti Shohaimi  Timbalan Pengarah Cawangan Dasar Farmasi |
| **10:30 – 11:00 pagi** | **Minum pagi** |
| 11:00 - 12:00 petang | **SESI 2:**  **Pembentangan Pencapaian Pelan Tindakan Induk DUNas 2017 - 2021**  Oleh:  Cawangan Dasar Farmasi |
| 11:30 – 12:15 petang | **SESI 3:**  **Pembentangan “*WHO Indicator for Monitoring National Medicines Policy*”**  Oleh:  Cawangan Dasar Farmasi |
| 12:15 – 12:45 petang | **SESI 4:**  **Taklimat Bengkel**  Oleh:  Cawangan Dasar Farmasi |
| 12:45 – 2:15 petang | **Makan tengahari / Solat & Rehat** |
| 2:15 – 4:30 petang | **SESI 5:**  Perbincangan Kumpulan |
| 4:30 petang | **Minum petang & bersurai** |
| **30 MAC 2022 (RABU)** | |
| 8:00 – 8:30 pagi | **Pendaftaran** |
| 8:30 – 10:30 pagi | **SESI 6:**  Perbincangan Kumpulan |
| **10:30 – 11:00 pagi** | **Minum pagi** |
| 11:00 – 12:30 petang | **SESI 7:**  Perbincangan Kumpulan |
| **12:45 – 2:00 petang** | **Makan tengahari / Solat & Rehat** |
| 2:00 – 4:30 petang | **SESI 8:**  Perbincangan Kumpulan |
| 4:30 petang | **Minum petang & bersurai** |
| **31 MAC 2022 (KHAMIS)** | |
| 8:00 – 8:30 pagi | **Pendaftaran** |
| 8:30 – 10:30 pagi | **SESI 9:**  Perbincangan Kumpulan |
| **10:30 – 11:00 pagi** | **Minum pagi** |
| 11:00 – 12:30 petang | **SESI 10:**  Perbincangan Kumpulan |
| **12:45 – 2:00 petang** | **Makan tengahari / Solat & Rehat** |
| 2:00 – 4:00 petang | **SESI 11:**  Pembentangan Kumpulan |
| 4:00pm – 4:30pm | Rumusan dan Ucapan Penutup Pengarah |
| 4:30 petang | **Minum petang & bersurai** |