

## 3-YEAR GLOBAL STRATEGIC PLAN FOR ADVOCACY OF MALAYSIAN MEDICS INTERNATIONAL

*This document details the conclusion from study on advocacy directions of MMI Branch Council for implementation from 2020 onwards by the Executive Council and all Branch Council of Malaysian Medics International.*

<b>Ref no:</b>	ADV-2020-01
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<b>Position:</b>	Advocacy Director 2019/2020
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**Introduction:** Advocacy is a strategy to influence policymakers to make a policy change e.g., create supportive policies, reform or remove harmful policies, ensure the funding and implementation of supportive policies. When we talk about advocacy, we do not mean information, education, and communication (IEC) activities. Advocacy is not about changing specific practices or even building community awareness or support for an issue or practice. Rather, advocacy is intended to change opinion about a policy—specifically, policymakers’ opinions—and achieve a particular policy change. It is often necessary to conduct opinion change activities with the media, community members, religious leaders, and health care providers before conducting advocacy activities. However, these efforts are only considered advocacy activities if the target groups then put pressure on the policymaking process. Additionally, efforts to persuade government offices/ministries/etc. to give funding to our organization’s programs are not advocacy.

**Target Group:** All branch councils under Malaysian Medics International must implement the advocacy priorities which are aligned in this document effective from **5th April 2020** onwards on approval from the executive council.

**Version:** This is the 1<sup>st</sup> Edition Advocacy Direction and Initiatives of Malaysian Medics International.

**Revision:** This document must be revised by the elected members of the executive council before or on **5<sup>th</sup> April 2022** for implementation thereafter.

**This version is authorized by:**



Dr Darien Liew Daojuin

Co-Chair of Malaysian Medics International



Low Wen Yan

Co-Chair of Malaysian Medics International

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## 1. FOREWORD

Dear members of MMI,

After almost a decade since its inception in 2014, Malaysian Medics International that we know today has grown from its humble beginning to become a large family of likeminded and vocal medical students and doctors who have affect changes across many levels within the Malaysian healthcare community. Issues commonly advocated by our members include accessibility and availability of mental health services, diversity and inclusivity in healthcare, and better welfare for the healthcare community.

Admittedly, we cannot be prouder of our members who have helped our organization to flourish over the years. Our annual Malaysian Medical Summit have touched the life of thousands, inspiring delegates from across 50 universities across the world, and present opportunities for lawmakers to hear from us, the grassroots of our concerns and needs. Our Malaysian council is active year-round in propagating issues related to health while exploring new territories to address many niche issues. Our doctor's council is gaining momentum and reputation within the community for being vocal and professional in their advocacy for better doctors' welfare. Our family in the United Kingdom and Ireland are united through their

continuous engagement with each other, which translate into the annual UK-Ireland Conference. And our younger Australian council is doing their best to make our family there feel at home too.

As we are now at the junction of history, we must take a stand, and be firm in our foundation philosophy to guide us through the sea of uncertainty which lies ahead of us as we set sail into this new decade. It is a task which we must succeed if we would want to maintain our status quo as the trusted leader in propagating and affecting changes on issues in our challenging healthcare environment in Malaysia. For many of us, the next few years would be crucial as many of us would enter the workforce and what we are doing today will have an effect to where we will be tomorrow. Our aim in this great effort is to enable our members to shape this decade of ours, and to inspire changes which we would want to see and experience in years to come as we helm the baton in the medical workforce. It is with our great honor to report the finding and proposed actions to our advocacy study in order to guide our future generation with common values as leadership take change within our organization.

Regards,

**Dr. Syameer Firdaus**

Advocacy Director, MMI MMXX

## 2. BACKGROUND

<b>Study Population:</b>	Branch Councils -Malaysia, United Kingdom, Republic of Ireland, Australia.
<b>Duration:</b>	From December 2019 until March 2020.
<b>Setting:</b>	Focus group meeting, and open-ended survey.

### AIMS:

1. To identify problems/barriers for advocacy formulation;
2. To formulate advocacy priorities based on the set of problems listed;
3. To formulate attainable action plans based on the set of advocacy priorities;
4. To finalize a sustainable long-term advocacy plan.

### OBJECTIVES:

1. To establish primary advocacy priorities for the organization as a whole;
2. To establish the main platform for advocacy across the organization;
3. To enable local councils' establishment of own advocacy priorities which will be branded as secondary advocacy priorities.

### OUTPUTS:

1. List of Problems/Barriers for Advocacy;
2. List of Primary Advocacy Priorities;
3. List of Secondary Advocacy Priorities;
4. Actions/Platforms for Advocacy;
5. 3-Year Plan for Advocacy.

### 3. IDENTIFYING ISSUES FOR ADVOCACY

The following problems were identified through multiple engagement and meeting with various stakeholders across all branch councils of Malaysian Medics International from the period of December 2019 to March 2020.

#	PROBLEM/BARRIER	ISSUES
1	Underrepresented niche groups in Malaysia are lagging behind in term of access to quality healthcare.	<ul style="list-style-type: none"> <li>Healthcare professionals from niche group such as indigenous group, and sexual and gender minorities are not empowered with united voice to champion their cause.</li> <li>Complexity of bureaucracy in healthcare system is not conducive for aborigines to access quality healthcare which lead them to shun away from modern medicine. (1)</li> </ul>
2	Inadequate exposure amongst medical students regarding specific health needs and concerns of the gender and sexual minorities.	<ul style="list-style-type: none"> <li>Curricula regarding health of the gender and sexual minorities tend to focus on sexually transmitted infection and disregard other aspect of it. (2, 3)</li> <li>Medical schools in Malaysia tend to shun from gender and sexual minorities topic due to religious and cultural influence and indoctrination within faculty.</li> <li>Lack of formal framework for practicing healthcare professional to work with gender and sexual minorities patient.</li> </ul>
3	Disparity in knowledge taught in medical school and real-world practice remain a concern with delayed reform in doctrine for medical education.	<ul style="list-style-type: none"> <li>Little to no effort by medical school in enabling doctors of tomorrow to involve in learning practical communication skill such as sign language. (4)</li> <li>Modern day medical equipment operating, and learning are not taught of in medical school.</li> </ul>
4	Poor accessibility and reachability for mental health services due to societal stigma.	<ul style="list-style-type: none"> <li>Mental health is largely a taboo topic to discuss even amongst medical professionals.</li> <li>Insufficient number of psychiatrist and psychologist at government mental health clinics leading to long waiting time at public hospital.</li> </ul>

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| <p><b>5</b> Uncertain future beliefs for medical graduates in Malaysia with no effective effort and reform for medical education.</p> | <ul style="list-style-type: none"> <li>• Policies are made with no consultation with grassroots stakeholders by the govt, hence future is in jeopardy for doctors of tomorrow.</li> <li>• Funding issue remain a challenge for Ministry of Health Malaysia to reach its target of 1:400, i.e. 1 doctor in 400 population. (6, 7)</li> <li>• Poor regulation of stringent requirement for entries to medical school has result in glut of medical graduates. (8)</li> </ul> |
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| <p><b>6</b> Paucity of support for welfare and wellbeing of Malaysian medical students abroad</p> | <ul style="list-style-type: none"> <li>• Mental health support amongst Malaysian medical students abroad require urgent attention.</li> </ul> |
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#### 4. PRIMARY ADVOCACY PRIORITIES

Based on the list of problems which we have studied, the followings are the set of themes and actions to be undertaken to influence positive changes.

#	THEMES	INITIATIVES	PLATFORMS
1	Working towards Inclusivity and Diversity in Medical Education	Reaffirming Acceptance Culture in Education (RACE) Initiative	<ul style="list-style-type: none"> <li>• Malaysian Medical Summit</li> <li>• Humans of Medicine</li> <li>• MMI Abroad</li> </ul>
2	Empowering Health Professionals with Positive Mental Health Culture	Mental Health Initiative	<ul style="list-style-type: none"> <li>• MMI Conversation</li> <li>• MMI Workshop</li> <li>• Musicus Medicus</li> </ul>
3	Inspiring Reform for Quality and Holistic Medical Education	Reform in Medical Education (RIME) Initiative	

The above list of themes and actions pertaining to primary advocacy priorities are the direction which will be undertaken by the current and the coming MMI Executive Council, and MMI Branch Councils. These themes serve as the main direction of which events, actions, initiatives, and activities should be organized with it being the end goal to achieve or to address in such event.

### RACE INITIATIVE

This tackles the issue of diversity and inclusivity in medical education. Focus is on betterment of health knowledge amongst members of the medical collegiality for niche groups such as the LGBTQ+ community, the aborigines, refugee's health and other marginalized minorities.

### MENTAL HEALTH INITIATIVE

This tackles the issue of toxic work culture within the healthcare community. Spotlight is on policymaking for better welfare, job security, opportunity for advancement in medical career, and support for continuous learning which ultimately will lead to higher job satisfaction and detoxify the harsh environment.

### RIME INITIATIVE

This tackles the needs and concerns of medical students when it comes to medical education. This involves challenging the current policy for medical education, writing policy for betterment of medical education, and publishing guidelines related to medical education

## 5. SECONDARY ADVOCACY PRIORITIES

We have also outlined the followings set of themes and actions to be undertaken to influence positive changes in local council based on our study.

#	THEMES	INITIATIVES	PLATFORMS
1	Enabling support and advancing welfare for Malaysian medical students abroad	Regional Action Committee for Welfare (RACW) Initiative	<ul style="list-style-type: none"><li>• MMI Conversation</li><li>• MMI Outreach</li></ul>

The above list is non-exhaustive and shall be added by MMI Branch Councils as new advocacy needs and platforms available in their respective local context.

6. CORE PRINCIPLES FOR ACTIONS ON ADVOCACY PRIORITIES

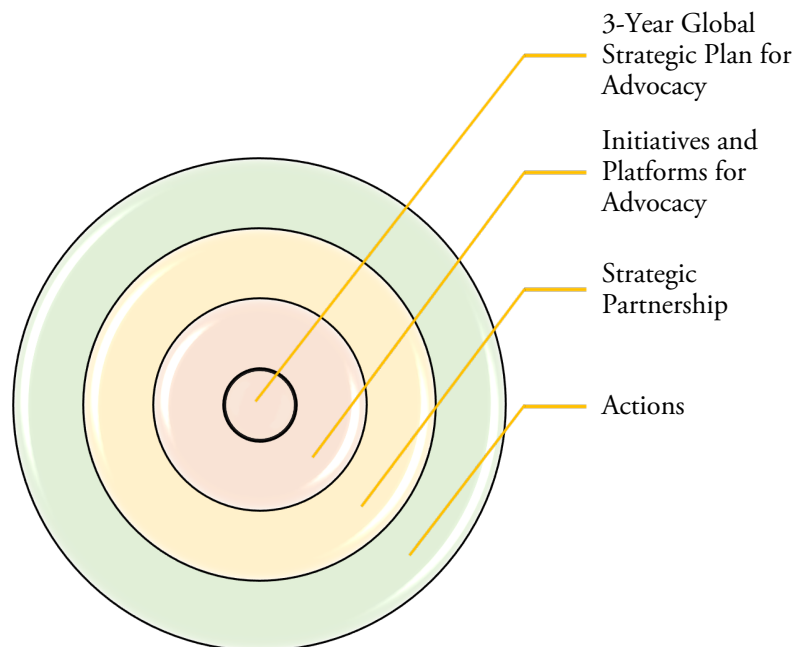


Figure 1: An Overview of Core Principles to Action Plan for Primary Advocacy Priorities

#	CORE PRINCIPLE	DESCRIPTIONS	DETAILS
1	3-Year Global Strategic Plan for Advocacy	<ul style="list-style-type: none"> <li>The blueprint for future direction of advocacy to be undertaken by present and future council until the next date for review.</li> </ul>	<ul style="list-style-type: none"> <li>Outline for major initiatives and reforms to be taken</li> <li>Outline for major actions to be taken by MMI as a whole</li> </ul>
2	Initiatives and Platforms for Advocacy	<ul style="list-style-type: none"> <li>Initiative refers to taskforce of which a committee of people would be assigned to specific task to tackle one of the advocacy priorities.</li> <li>This taskforce would be under the purview of the Advocacy Director for MMI Executive Council and it runs with the MMI Executive Council.</li> <li>Whereas, platform refers to avenue to which the initiative will be contextualized. It is a series of event which can be applied across all the advocacy priorities.</li> </ul>	<p><b><u>Initiative</u></b></p> <ul style="list-style-type: none"> <li>RACE Initiative</li> <li>CTC Initiative</li> <li>RIME Initiative</li> </ul> <p><b><u>Platform</u></b></p> <ul style="list-style-type: none"> <li>Humans of Medicine</li> <li>Malaysian Medical Summit</li> <li>Musicus Medicus</li> </ul>



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| 3 | Strategic Partnership | <ul style="list-style-type: none"> <li>• Strategic partnership refers to a project delivery partner with common interest who will involve directly, or indirectly with actions to be taken concerning advocacy priorities.</li> <li>• This is a long-term relationship to which the mutually beneficial relationship extends beyond one project.</li> <li>• Strategic partnership does not entail sponsorship.</li> </ul> | <ul style="list-style-type: none"> <li>• Sunway University Ensemble for Musicus Medicus</li> </ul> <p style="text-align: center;"><i>*this list is non-exhaustive*</i></p> |
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| 4 | Actions | <ul style="list-style-type: none"> <li>• Action refers to a set of events which will take place to complement each of the advocacy priorities at the local council.</li> <li>• The main framework for action however should be worked on these two main components:             <ul style="list-style-type: none"> <li>○ Tackling policy by either fighting for policy changes, or writing a policy paper;</li> <li>○ Publication of a guideline.</li> </ul> </li> <li>• Action also entail any form of event such as workshop, symposium, discussion, publication, etc. to address the advocacy needs and concerns.</li> </ul> | <ul style="list-style-type: none"> <li>• MMI Australia 2020: Meet and Greet</li> <li>• MMI Mental Health 3.0</li> <li>• MMI Hears You 2.0</li> <li>• MMI Terbakar</li> </ul> <p style="text-align: center;"><i>*this list is non-exhaustive*</i></p> |
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The committee structure for execution of each taskforce should be modelled to as following. The level of directorship is divided into three level in the chain of command.

Co-Chair (D1)	Advocacy Director (D2)	Director of Mental Health Initiative (D3)
		Director of RACE Initiative (D3)
Co-Chair (D1)		Director of CTC Initiative (D3)
		Director of RIME Initiative (D3)

7. AVENUES FOR ACTION

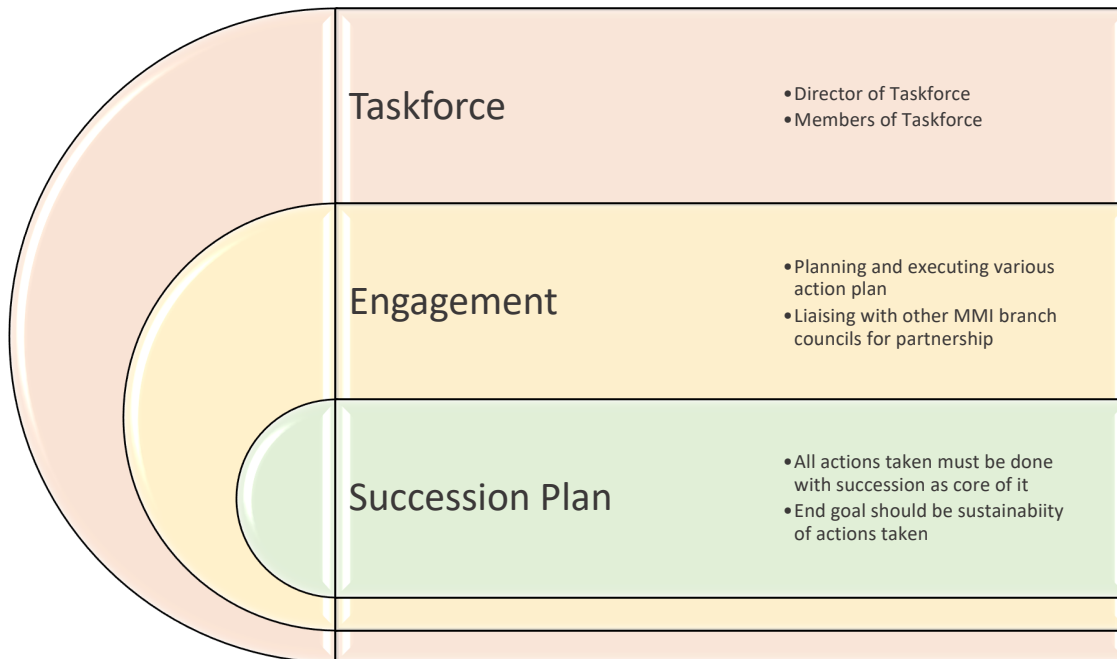


Figure 2: An Overview of Principles of Avenues for Actions at Taskforce Level

In the development of avenues to advocate for the different advocacy priorities, the decision lies in the hands of the branch council’s head in organizing the appropriate action plan for the community of its resident country. This is in view of each country is different demographically and culturally, therefore the avenues of action for the community in Ireland may not suit the community in Malaysia.

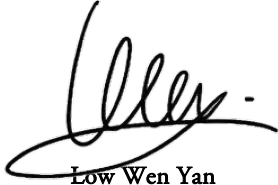
Although, the chosen avenues for action are not limited to organizing physical events i.e. workshops or conferences for participation of the community within the country council. Some examples are conducting a weekly online story submission of the related advocacy theme, starting an online support group for Malaysian students abroad or posting up infographics onto the branch’s social media pages to educate the community on addressing the gender minority communities that the Malaysian medical students may meet during their study

The possibilities of different avenues of action are limitless and expandable within the country’s council. However, it should be stressed that any plans to address the advocacy priorities should be discussed prior to execution, with the Executive Council’s advocacy director or the respective initiative’s director. This will aid in ensuring that the branch council is headed in the appropriate direction and in line with the Executive Council’s advocacy initiatives.

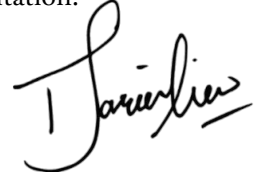
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## Endorsement

This 3-Year Global Strategic Plan for Advocacy is jointly signed and endorsed by the following people on behalf of their respective representation:



**Low Wen Yan**  
Co-Chair of Malaysian Medics International  
Executive Council



**Dr Darien Liew Daojuin**  
Co-Chair of Malaysian Medics International  
Executive Council



**Chew Siang Siang**  
President of MMI Malaysia  
Branch Council



**Hanusha A/P Durganadu**  
Vice-President of MMI Malaysia  
Branch Council



**Wei Wen Tan**  
President of MMI United Kingdom  
Branch Council



**Hwu Yung**  
Vice-President of MMI United Kingdom  
Branch Council



**Liao Yun Hui**  
President of MMI Ireland  
Branch Council



**Ng Kuan Yee**  
Vice-President of MMI Ireland  
Branch Council



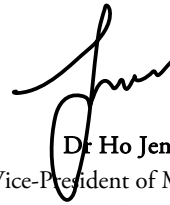
**Ivanna Sim Ting Mei**  
President of MMI Australia  
Branch Council



**Nur Fariszah Baharuddin**  
Vice-President of MMI Australia  
Branch Council



**Dr Thum Chern Choong**  
President of MMI Doctors  
Branch Council



**Dr Ho Jen Wae**  
Vice-President of MMI Doctors  
Branch Council

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# ANNEX I

Annex I entail the framework which have been used for the 1<sup>st</sup> Advocacy Direction of MMI Branch Council Study which runs from December 2019 until March 2020. This is for reference purpose for future advocacy planning. All questions regarding this study shall be directed to Dr Mohd Syameer Firdaus or Dr Arisha Emily Yap for clarification. A copy of this framework can be found in the online repository of Malaysian Medics International and available upon request.

## ADVOCACY DIRECTION OF MMI BRANCH COUNCIL STUDY

*It is with utmost important for you to read and understand the following directive from the Advocacy Director of MMI Executive Council prior to completing this document to ensure accuracy in study.*

**Why is this study important?** This study will allow us in Executive Council to learn of the advocacy priorities for each of our respective branch council which then results in advocacy policy writing for our organization as a whole/

**What is my responsibility then as a branch council higher-ups?** It is important for you to read and understand this document and to fill in accordingly where applicable in regards to your council advocacy direction. Any question regarding this document shall be addressed to the Advocacy Director of the Executive Council.

*Please fill-in the following information:*

**Full Name:**

**Position:**

**Branch:**

**Step #1 Identify Issue(s) for Advocacy:** No more than three issues are recommended. Note that choosing your issue does not just mean choosing the broad topic you want to address (e.g., family planning)—you have to think about specific problems, barriers, and policy-related solutions. To determine your issue, you can begin by identifying the problem you want to address.

Example problem: Lack of access to contraceptives

**Step #2 Think of the Barrier(s):** Next, think about what some of the barriers to solving the problem are. The barrier must be related to guidelines, policies, or laws.

Example barrier: Injectable contraceptives can only be distributed at health facilities.

**Step #3 Think of Solution(s):** Then ask yourself what policy change would help remove the barrier. The answer is your advocacy issue. Be as specific and concrete as possible. Ask yourself questions like: Should a new policy be created? Should a harmful policy be removed? Does an existing policy need to be reformed? Does an existing policy need to be fully implemented?

In this example case, what policy change would help increase access to contraceptives? The answer is the advocacy issue.

Example issue: Community health workers (CHWs) are permitted to distribute injectable contraceptives.

One way to increase access to contraceptives might be to raise awareness among religious groups about family planning. This is a good idea, but it is *not* an issue for advocacy. Your issue should be directly linked to a policy change. In this example case, CHWs are not currently permitted to distribute injectable contraceptives, so a policy change is needed.

Sometimes advocacy will be an appropriate programmatic strategy, but often it will not. This depends on whether or not policies have the potential to help solve the problem. Advocacy is a strategy to influence policymakers to make a policy change (e.g., create supportive policies, reform or remove harmful policies, ensure the funding and implementation of supportive policies).

When we talk about advocacy, we do *not* mean information, education, and communication (IEC) activities. Advocacy is not about changing specific practices or even building community awareness or support for an issue or practice. Rather, advocacy is intended to change opinion about a policy—specifically, policymakers’ opinions—and achieve a particular policy change. It is often necessary to conduct opinion change activities with the media, community members, religious leaders, and health care providers before conducting advocacy activities. However, these efforts are only considered advocacy activities if the target groups then put pressure on the policymaking process. Additionally, efforts to persuade government offices/ministries/etc. to give funding to your organization’s programs are not advocacy.

*End of explanation part.*

**IDENTIFYING ISSUES FOR ADVOCACY**

#	PROBLEM/BARRIER	ISSUE

**EVALUATING ISSUES FOR ADVOCACY**

#	Criteria	Issue #1	Issue #2	Issue #3
1.	<p><b>Policy change needed is clear</b></p> <p><i>For an initiative to succeed, you must know what kind of policy change is needed. If your advocacy issue is not very specific, it will be harder to design a strong strategy.</i></p> <p><b>CLEAR (HIGH)</b></p> <p><b>SOMEWHAT CLEAR (MEDIUM)</b></p> <p><b>NOT CLEAR (LOW)</b></p>			



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**2. Number of your programs that will be affected by your issue**

*If you have a lot of programs (or a very large program) that will be affected, it is probably a better issue.*

**4+ (HIGH)**

**2–3 (MEDIUM)**

**1 (LOW)**

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**3 Level of effort required**

*How much of your time, energy, and other resources will be needed?*

**VERY LITTLE  
(HIGH)**

**MODERATE  
EFFORT (MEDIUM)**

**A LOT (LOW)**

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**4 Potential for success**

*How likely is it that you will succeed? If success is unlikely, this is not a good issue.*

**VERY LIKELY  
(HIGH)**

**POSSIBLE/MAYBE  
(MEDIUM)**

**UNLIKELY (LOW)**

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**5 Estimated time required to succeed**

*The shorter the amount of time needed, the better.*

**LESS THAN 1 YR.  
(HIGH)**

**1–2 YRS. (MEDIUM)**

**3+ YRS. (LOW)**

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**6 Level of public support  
for your issue**

*If the public is supportive,  
your chances for success are  
higher.*

**SUPPORTIVE  
(HIGH)**

**NEUTRAL  
(MEDIUM)**

**OPPOSED (LOW)**

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**7 Level of policymakers'  
support for your issue**

*If policymakers are  
supportive, your chances for  
success are higher.*

**SUPPORTIVE  
(HIGH)**

**NEUTRAL  
(MEDIUM)**

**OPPOSED (LOW)**

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**8 Potential for negative  
consequences for your  
organization.**

*Will your activities hurt your  
reputation, decrease your  
potential for funding, put your  
staff in danger, etc.?*

**UNLIKELY (HIGH)**

**POSSIBLE/MAYBE  
(MEDIUM)**

**VERY LIKELY  
(LOW)**

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**9 Potential for positive  
consequences for your  
organization.**

*Will your activities improve  
your reputation, help you get  
new funding, etc.?*

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**VERY LIKELY  
(HIGH)**

**POSSIBLE/MAYBE  
(MEDIUM)**

**UNLIKELY (LOW)**

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**10 Financial resources to support this kind of advocacy work**

*It is essential to be realistic about funding. Without the necessary financial resources, success is unlikely.*

**FUNDS EXIST NOW  
(HIGH)**

**NEW FUNDS  
LIKELY (MEDIUM)**

**FUNDS UNLIKELY  
(LOW)**

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**11 Partners to support you in this kind of advocacy work**

*Having strong partnerships is usually essential to success, especially for larger initiatives.*

**3+ (HIGH)**

**1-2 (MEDIUM)**

**0 (LOW)**

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**12 Evidence that the issue is important and achievable**

*Do you have concrete experience and/or other reliable information sources indicating that this is a good issue for advocacy?*

**STRONG (HIGH)**

**SOME (MEDIUM)**

**NONE/WEAK (LOW)**

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**13 Level of importance to  
your organization as a  
matter of principle**

*The issue you choose should  
be in line with your  
organization's mission and  
values.*

**VERY IMPORTANT  
(HIGH)**

**SOMEWHAT  
IMPORTANT  
(MEDIUM)**

**NOT VERY  
IMPORTANT (LOW)**

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Review the ratings (**high**, **medium**, or **low**) that you gave each issue. If you gave an issue a lot of **lows** and **mediums**, it is probably not a good issue for advocacy. If you gave an issue a lot of **highs** and **mediums**, it is probably a better issue for advocacy.

Verdict

--- End of Document ---