ANALYSING THE HEALTH POLICY MAKING PROCESS:
NATIONAL POLICY OF TRADITIONAL AND
COMPLEMENTARY MEDICINE IN MALAYSIA

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ABSTRACT

Health policy refers to an authoritative statement of intent, adopted by a government on
behalf of the public to improve the health and welfare of the population. It is a decision
regarding a specific goal in health care and a plan for achieving that goal. In view of the
current increasing demands and widespread use of Traditional and Complementary Medicine
(TCM), and towards integrative approach to health care system in Malaysia, this manuscript
aims to provide a general understanding on the policy making process regarding National
Policy of TCM in Malaysia. The information used in this manuscript are based on the data
collected from reports, articles, publications and journals published pertaining to the health
policy making process and analysis, and also Traditional and Complementary Medicine
policy development from the international, national and local sources available online as well
as manual searches. TCM policy in Malaysia was passed in year 2001 and revised in 2007.
The National Policy aims were for TCM to be optimally integrated into the Malaysia
healthcare system to achieve a holistic approach towards enhancing health and quality of life
of the population. A framework of health policy making process is used systematically to
explore the complex interrelationships between its content, context, process and actors
involved in the development of this policy. There are four scopes in TCM policy that has been
recognized, they are: practice, raw material and product, education and training and research.
There are five steps in health policy making process; problem identification, problem
formulation, problem adoption, problem implementation and problem evaluation and these
steps is a common approach used in analysing a policy making process. Generally, the
national TCM policy in Malaysia has followed the principle and framework of policy making
process that is essential to produce a comprehensive policy for the country.

Keywords: Analysis of Health Policy Making Process, Traditional and Complementary
Medicine Policy, Malaysia
1.0 INTRODUCTION

Health policy consists of high-level statements of intent about the things an organization either wants to do or plans to avoid doing with regards to health (Lee and Mills, 1982). It is the decisions, plans and actions undertaken to achieve specific health care goals within a society and it plays an essential role in defining a country’s vision, priorities, budgetary decisions and course of action for improving and maintaining the health of its people (WHO, 2016). Health policy aims to align country priorities with the real health needs of the population, health and development partners, civil society and the private sector, and make better use of all available resources for health so that all people have access to quality health care (WHO, 2016).

Often health policies take the form of explicit written documents such as an official government policy or guideline. However, it may also be implicit or unwritten such as the verbal instructions or implied statements of policy makers. Health policy can be categorized into the national health policy, specific programs policy, state health department policy, hospital policy and departmental policy (Globinmed, 2015). The National Health Policy of Traditional and Complementary Medicine (TCM) is an example of a National Health Policy. Other examples of National Health Policy in Malaysia include the National Breastfeeding Policy 2005, Malaysian National Medicines Policy, Vector Control Policy, Policies and Procedures on Infection Control, and Standards of Sleep Facility in Ministry of Health (MOH), Malaysia (MOH, 2013).

The policy making process refers to the way in which policies are initiated, developed or formulated, negotiated, communicated, implemented and evaluated (Buse, Mays & Walt, 2012). Thus, this manuscript will analyse the National Policy of TCM in Malaysia using the policy making process approach that have five steps which is problem identification, problem formulation, problem adoption, problem implementation and problem evaluation (WHO, 2006). This policy is chosen because the policy making process is using that five steps and the application of the pluralistic theory in the development process of the policy, which is a commonly used policy making theory in Malaysia.

Traditional medicine is an ancient medical practice which existed in human societies long before the application of modern science to health. In Malaysia, before the 15th century traditional native medicine is the type of medicine practiced by the Orang Asli of the Malay Peninsular and the Pribumi of Sabah and Sarawak with some influence from Hindu-Buddhism from the sub-continent of India (Globinmed, 2015). However the practice changed and evolved with the arrival of Islam and subsequently the introduction of traditional Chinese medicine and traditional Indian medicine during the influx of migrants to Malaya in the next few centuries (MOH, 2011). The colonization by the British Empire in the 19th century marked the point where modern medicine was brought in and developed as the mainstream medicine practiced in Malaysia (MOH, 2011).

The term traditional and complementary medicine is the combination of the words traditional medicine and complementary medicine, where it encompasses all its products, practices and practitioners (MOH, 2011). More specifically traditional medicine is the sum total of knowledge, skill and practices based on the theories, beliefs and experiences indigenous to
different cultures, whether explicable or not, used in the maintenance of health as well as in
the prevention, diagnosis, improvement or treatment of physical and mental illness (MOH,
2011). As for complementary medicine or also known as alternative medicine refer to a broad
set of health care practices that are not part of the country’s own tradition or conventional
medicine and are not fully integrated into the dominant healthcare system. The terms used
interchangeably with traditional medicine in some countries (MOH, 2011). Example of TCM
available in Malaysia is the traditional Malay medicine, traditional Chinese medicine,
traditional Indian medicine, homeopathy, and complementary medicine such as manipulative
based practices like chiropractor, reflexology and Islamic medical practices (MOH, 2011).

The growing interest of TCM in Malaysia has prompted the Ministry of Health (MOH) to
start a position paper for Research Agenda in Alternative Medicine in 1987. In 1996, post-
cabinet decision was to set up an organizational structure for TCM in Malaysia with the
formation of TCM Unit under the Family Health Development Division, Ministry of Health
(Bulletin TCM, 2006). There are five umbrella bodies were formed in year 1999 namely the
Persekutuan Perubatan Tradisional Melayu Malaysia (PUTRAMAS), the Federation of
Chinese Physician and Medicine Dealers Association of Malaysia (FCPMDAM), Pertubuhan
Perubatan Tradisional India Malaysia (PEPTIM), Malaysia Society for Complementary
Therapies (MSCT) and Majlis Perubatan Homeopati Malaysia (MPHM) (MOH, 2011). The
year 2000 saw the launch of the Herbal Medicine Research Centre and finally in year 2001
the National Policy of TCM was launched and revised for second edition in 2007 (MOH,
2011). Following that in year 2004 the TCM Division was established. The National Policy
aims for TCM to be optimally integrated into the Malaysian healthcare system to achieve a
holistic approach towards enhancing health and quality of life of the Malaysian population
(Globinmed, 2015).

All this is in accordance with the World Health Organization (WHO) Traditional Medicine
Strategy 2002–2005 where member countries were encouraged to develop a policy that
promotes the integration of TCM into their national health care system (WHO, 2002). These
sentiments were repeated in the Beijing Declaration 2008 in which WHO states that
participating countries should, in accordance with national capacities, prioritize relevant
legislation and circumstances governments should formulate national policies, regulations and
standards to ensure appropriate, safe and effective use of traditional medicine (WHO, 2013).

2.0 MATERIALS AND METHODS

The information used in this manuscript are collected from reports, articles, journals and other
publications related to Traditional and Complementary Medicine policy globally and in
Malaysia that was published by various sources such as Ministry of Health (MOH), academic
institutions and international organizations such as the World Health Organization (WHO).
The available literatures were accessed using both online databases such as google scholar
and manual searches. The keywords includes; ‘TCM policy’, ‘policy making process’ and
‘analysis of policy making process’.
3.0 RESULT

This section will cover the general principle and framework of health policy making process followed by analysing the TCM policy making process in Malaysia according to five steps approach namely problem identification, problem formulation, problem adoption, problem implementation and problem evaluation.

3.1 Analysis of National TCM Policy Making Process in Malaysia

3.1.1 Overview of Health Policy Making Process

To understand a health policy, a framework is often used to systematically explore the complex interrelationships between its content, context, process and actors involved (Buse, Mays & Walt, 2012). The framework acknowledges the importance of looking at the content of the policy, the processes of policy making, how power is used in health policy and the role of the actors, either state or non-state, to see how they interact and influence health policy (Buse, Mays & Walt, 2012). For the purpose of this manuscript, the policy analysis is based on policy making process approach according to the five steps, namely problem identification, problem formulation, problem adoption, problem implementation and problem evaluation that will be further discussed in this section.

Apart from understand the framework of policy making process, there are several theories that explained the relationship between the actors, context, content and process such as the pluralistic theory, public choice theory and elitism theory. Pluralistic theory takes the view that power is dispersed throughout society whereby no individual group holds absolute power and the state acts as a neutral referee adjudicating between competing demands in the development of the policy (Buse, Mays & Walt, 2012). As for the public choice theory, it asserts that the state itself is the interest group which wields power over the policy process in pursuit of the interests of those who run it which is the elected public officials and civil servants (Buse, Mays & Walt, 2012). In contrast, elitism theory viewed that power is concentrated in a minority group in the society (Buse, Mays & Walt, 2012).

3.1.2 Problem Identification

The world population is increasingly seeking natural remedies to their health problems and the uptake of TCM is rising rapidly in all countries (MOH, 2011). It is used widely in prevention, treatment and management of disease because to some communities, TCM are more accessible, readily available and affordable compared to modern drugs (WHO, 2002). In order to attain the optimum potential in TCM healthcare delivery, the development of TCM policy in Malaysia were based on several identified issues. These issues include the widespread use of TCM and the rapid expansion of international herbal medicine market. Apart from that, training and registration issues among the practitioners, the needs for more research to provide evidence based info related to TCM, unsupervised used, monitoring and toxic effect of traditional medicine also some of the problem identified pertaining to TCM.

The widespread use of TCM and the rapid expansion of international herbal medicine market make the development of national policies and regulations on TCM an important concern for
both health authorities and the public (Ajazudin, 2011). Previously, there was no systematic development of TCM practitioners. Nonetheless, MOH anticipated that there is a need to register their premise, recognize and regulate their practice in order to enhance the professionalism. Unregulated or inappropriate use of traditional medicines and practices can have negative or dangerous effects to health and socioeconomics. In order to introduce measures for regulation and control of traditional medicine, a government policy is needed which requires, as a first step, a clear statement on the role of traditional medicine in health care as well as to ensure safety and quality of TCM products (Globinmed, 2015).

Besides, a few issues were identified on the aspect of education and training. Traditional medicine practices have developed within different cultures in different regions in Malaysia but there is no parallel development of standard and methods. There was also a lack of confidence on TCM by general public as there was no system to either provide formal education locally or to accredit overseas training programs. There was also inadequate access to scientific evidence in TCM practices to enhance smart partnership with modern medicine providers. Therefore, there is need for the policy to ensure provision for education and training programs to increase knowledge of TCM providers and also to ensure that TCM providers understand and appreciate the complementarities of the type of health care they offer (Globinmed, 2015).

Furthermore, Malaysia is known as a country rich of tropical biodiversity resources which has been the reservoir for the major producer of traditional and complementary health products. Use of traditional medicine practices have been existed long ago within different cultures in different region in Malaysia. MOH recognized there was no mandatory requirement on standardized raw materials used in the manufacturing of the products. Problem encountered as a result of non-supervised use of TCM, which include excessive and uncontrolled usage of resources that may lead to the extinction of endangered species and the destruction of natural habitats and resources. Therefore, the development of a policy for the standardization of TCM raw materials was essential to ensure production of TCM products are in accordance to contemporary process methods. In addition, the policy is needed to ensure that our natural resources are protected and developed accordingly (Globinmed, 2015).

Despite the wide availability and popularity among general public, TCM is often not supported by scientific evidence. Inadequate research into medicinal plant results in paucity of data and inadequate development of methodology. A systematic research and development program that emphasized on quality, safety and efficacy needs to be introduced into existing healthcare system. The importance of continuous research and documentation on active ingredients extracted from certain plants grown could also be addressed in a policy for TCM (Globinmed, 2015).

Apart of that, the importance of having TCM policy was being pressured by WHO. In the year 1999, WHO had organized a workshop on development of national policy on traditional medicine that took place in Beijing, China. The main objectives of the workshop were to review the role of traditional medicine and government policy and to discuss ways for setting up a policy. The workshop concluded that, a national policy on traditional medicine is needed because the use of traditional medicine is widespread in some countries and is the only available form of health care system in others (WHO, 2000). The policy will define the role of
traditional medicine in health care delivery systems. Traditional medicine needs to be regulated in order to ensure its safety; efficacy and quality. It could assist in the control of the growth of medical expenditures. In Malaysia, the government had strived to develop this field further to make sure that the products and practices are of high quality and safe to be used by the consumers in our country (MOH, 2011). As a result, this TCM issues became an official agenda by government with the establishment of TCM Standing Committee in 1998. This committee was responsible to look into all aspects of TCM in the country (Merican, 2002) as well as to advise and assist MOH in formulating policies. This policy was introduced as a government initiative of acknowledge on the importance and widespread use of TCM (Globinmed, 2015).

3.1.3 Problem Formulation

Problem formulation is the stage in which policies are created or changed. The involvement of actors, context and content of policies were taken into consideration.

3.1.3.1 Actors

Actors are at the center of the health policy framework. It can be divided into state and non-state actors. State actor is a person who is acting on behalf of a governmental body such as administrative, legislative, judiciary and executives. Non-state actor either refers to individuals, group or organizations. All actors have their own interests and agendas and their actions affect the health policy (Buse, Mays & Walt, 2012).

In formulating the policy, TCM Standing Committee was set up comprising of various stakeholders from government, governmental agencies, non-governmental agencies (NGO) and universities. The committee was formed in 1998 to advise and assist MOH in formulating policies and strategies for the monitoring of traditional and complementary medicine. The committee was led by Ministry of Health as the main actor that was responsible for the development of TCM in line with this policy document.

In Malaysia, the state actors identified in contributing in the TCM policy is Ministry of Health and non-state actors are the public and related interest group such as local traditional medicine group, Federation of Chinese Physician and Medicine Dealers Association of Malaysia (FCPMDAM), Malaysia Society for Complementary Therapies, international groups such as World Health organization (WHO) and Non-governmental Organization (NGO) such as Malaysia Herbal Corporation, Malaysian Medical Association (MMA) and local universities.

Other interest groups that were also consulted to provide inputs to the National TCM policy making process from the six major TCM modalities are organization such as Gabungan Pertubuhan Pengamal Perubatan Melayu Malaysia (GAPERA), Malaysian Chinese Medical Associations (MCMA), Federation of Chinese Physicians and Medicine-Dealers Association of Malaysia (FCPMDAM), Federation of Chinese Physicians & Acupuncturists Association of Malaysia (FCPAAM), Malaysian Association of Traditional Indian Medicine (PEPTIM), Malaysian Homeopathic Medical Council (MPHM), Federation of Complementary & Natural Medical Associations Malaysia (FCNMAM) and Persatuan Kebajikan dan Pengubatan Islam Darussyifa’ (DARUSSYIFA’).
In the TCM policy making process, significant numbers of collaborations were made with various countries and organizations in an effort to strengthen the base for TCM policy in Malaysia. The Memorandum of Understanding (MOU) signed between Malaysia and People’s Republic of China and also India that emphasis on cooperation between countries, regulations, policy making and promotion of TCM are examples of collaborations with other countries.

As research is an important component of the TCM policy, the organization or institution such as Institute of Medical Research (IMR), National Institute for Natural Products and Vaccinology, Institute for Health System Research, Forest Research Institute Malaysia (FRIM), Malaysian Agricultural Research and Development Institute (MARDI) and also universities such as the Universiti Malaya (UM), Universiti Sains Malaysia (USM), Universiti Putra Malaysia (UPM) and Universiti Kebangsaan Malaysia (UKM) are involved in the development, monitoring and coordination of the strategic master plan for research and development of herbal medicine in Malaysia and in ensuring the quality and safe use of TCM products and practices. On the other hand, the National Pharmaceutical Control Bureau (NPCB) also contributes in developing and implementing regulations relating to quality, safety and efficacy of TCM drugs and products.

### 3.1.3.2 Context

Context refers to systemic factors which include political, economic and social, both national and international which may have an effect on health policy. Generally, practices of traditional medicine vary greatly as they are influenced by factors such as culture, history, personal attitudes and philosophy. In many cases, their theory and application are quite different from those of conventional medicine. Long historical use of many practices of traditional medicine, including experience passed on from generation to generation, has demonstrated the safety and efficacy of traditional medicine (WHO, 2000).

The diversity in traditional medical systems in Malaysia reflects the diverse population of Malay, Chinese, Indian and indigenous heritage. Malaysia is therefore in a unique position as it serves as a confluence of three Asian cultures giving rise to three healing traditions namely the Malay, Chinese and the Indian. The different cultural variations are directly affecting the TCM policy making process. Therefore, in TCM policy formulation many factors such as political, social, cultural and economic were considered to give an acceptable norm of satisfaction among their citizen.

### 3.1.3.3 Content

Content is the substance of a particular policy that details the subjects and topics covered. This National TCM policy provides clear and unambiguous definitions for terms and concepts of traditional medicine, complementary medicine, traditional and complimentary medicine, traditional and complementary medicine practitioner, traditional and complementary medicine practitioner bodies, Traditional and Complementary Medicine Standing Committee and Traditional and Complementary Council. The policy also includes definition of the government’s role in the development of traditional medicine in the health care delivery
system. Safety and efficacy refers as the guiding principles. The vision and mission as well as goals and objectives of the TCM policy also were clearly stated.

Scope statements in the policy have four main components, which includes practice, education and training, raw material and products and research for TCM. Specific objectives and strategies have been drawn for each component in the policy.

\textbf{i. Practice}

The policy emphasizes on the enhancement of professionalism and systematic development of TCM practitioner. In continuation to this, the services offered by the practitioners need to be registered, recognize and regulated to ensure safe practices are adhered to. It is required to all practitioner bodies to set their standards and criteria that should be complied by all establish TCM practitioner. TCM bodies are required to develop credentialing of practitioners and determine the code of conduct, ethical practice, and disciplinary procedures if the codes are breached.

\textbf{ii. Education and Training}

In Malaysia, there is yet to have a formal education and training on TCM. There is also no standardization and accreditation of overseas training programmes resulting in a lack of confidence and trust on TCM by the citizens, especially by modern medicine providers. To overcome this, the policy suggest to establish a formalized government and private institutions to ensure all practitioners undergo a formalized system of education and training and it should be recognized, accredited and credentialed. Education and training of TCM among modern medicine provider are also beneficial in creating a healthy co-existence and mutual understanding between TCM and modern medicine. Dissemination of accurate information is enhanced to ensure appropriate and adequate knowledge of TCM among the public.

\textbf{iii. Raw Materials and Products}

This policy emphasized on to improve Malaysia’s position in the TCM industries and modern technologies. Malaysia is well positioned to be a major producer for TCM healthcare products, however there are little standardizations of raw materials that are used in manufacturing the products. To improve Malaysia’s position in the TCM industries, the strategies includes sustainable supply of quality TCM raw materials is made available through the development of a cultivation plan, protection of indigenous and natural health resources and technology from unwarranted exploitation, with co-operation from other agencies and the development of a comprehensive program for the standardization of TCM raw materials.

\textbf{iv. Research}

This component focuses on a systematic research and development programme, with emphasis on quality, safety and efficacy to facilitate acceptance and integration of TCM into the existing healthcare system. A planned and systematic approach to TCM research shall be adopted. The approach shall include the utilisation of standard protocols and guidelines
approved by recognised international organizations such as the World Health Organisation, United Nations and the International Committee for Harmonisation pertaining to TCM. Such researches will include experimental and applied research as well as clinical research. Apart of that, adequate funding for TCM research shall be provided to keep abreast with current advances and development in TCM research.

3.3.4 Problem Adoption

Problem adoption is the stage when the policy is enacted, or brought into force, for example by state or federal legislation. Prior to finalization of National TCM Policy, the TCM Standing Committee chaired by Deputy Director General of Health (Research and Technical Support) were held several follow up meeting to prepare the draft policy document. Consultation with other stakeholders including the private sector, the universities and other health related agencies were conducted too. This was followed by the promulgation of the National Policy on TCM in November 2000 (Globinmed, 2015). This was then endorsed by the Malaysian Cabinet which later the National Policy of TCM was officially launched in 2001.

3.1.5 Problem Implementation

Problem implementation refers to the activities and operations of various stakeholders towards achieving the goal and objectives articulated in the authorized policy. Generally, TCM policy is subjected under the government regulations which specifically monitored by the TCM Division, Ministry of Health. TCM policy implementation can be divided into 4 main phases; policy dissemination, training and facility development, enforcement and evaluation.

3.1.5.1 Phase 1: Policy dissemination

Policy dissemination is the initial step of policy implementation which involves releasing information through an effective communication. Several guidelines have been published by TCM Division for practitioners practising in integrated hospitals which include Standard Operating Procedure for Traditional and Complementary Unit, Traditional and Complementary Medicine Practice Guideline on Acupuncture, Shirodara, Malay Massage, Malay Postnatal Care, and Herbal Therapy as an Adjunct Treatment for Cancer. Other than that, Good Practice guidelines published by TCM for TCM practitioners practising in Malaysia are Malay Massage, Acupuncture and Reflexology. Other Standard Operating Procedure published for TCM practitioners practising in Malaysia includes Spa Services, Wind Cupping and Islamic Medicine.

For public benefits, TCM Division has also conducted numerous promotional activities through road shows, exhibitions and public talks, including television and radio talks since the year 2007 to increase consumer knowledge and awareness about TCM services offered in Malaysia. Participation from various parties such as government agencies, practitioner bodies and non-governmental organizations (NGOs) have significantly contributed towards the promotional activities which are further supplemented with pamphlets, posters, books and bulletins to stimulate public awareness towards the various types and benefits of TCM.
modalities. Another initiative by the Malaysian government in promoting integrative medicine is through the development of a portal for information sharing: Global Information Hub on Integrated Medicine (GLOBINMED).

3.1.5.2 Phase 2: Training and developing facilities

Training and education are essential to ensure all TCM practitioners acquire standardized and internationally accepted knowledge and skills through means of formal education to ensure the delivery of TCM services of the highest quality. This is done through seminars and courses held by TCM Division in collaboration with various governmental agencies. TCM practitioners and TCM Division regularly organize Continuing Medical Education (CME) and Continuing Professional Development (CPD) activities for staff members of the Ministry of Health as well as seminars, workshops and conferences.

TCM Division classifies the level of education and training programmes for each TCM modality based on the therapeutic or wellness concept. Modalities that fall under the therapeutic concept are to follow the academic pathway whilst those in the wellness concept are to be obtained through the certificate training programme (or the skills sector). For the academic sector, thirteen standards and criteria’s for diploma and bachelor degree have been developed to support the provision of education programmes by both the public and private centres of higher education. Until 2011, seven bachelor degree programmes and six programmes for diploma have been established and the courses are presently being offered by the local institutions for example International Medical University offers Bachelor of Science (Hons) in Chinese Medicine. In addition, the Malaysian Public Service Department has recognized three universities from the People’s Republic of China to award the degree programmes. TCM Division together with the Ministry of Higher Education (MOE) and the Malaysian Accreditation Agency (MQA) has introduced an Advanced Diploma for Utuk Melayu as a training of trainers programme. It is a one-off, one year programme at the Sultan Salahuddin Abdul Aziz Shah Polytechnic, Shah Alam.

Establishment TCM unit in Integrated Hospitals is in line with main objective of TCM policy to integrate TCM services along with allopathic medicine in Malaysia. This is achieved by the establishment of TCM units in Hospital Putrajaya, Hospital Sultan Ismail (Johor), Hospital Kepala Batas (Pulau Pinang), Hospital Sultanah Zahirah (Terengganu), Hospital Umum Sarawak, Hospital Duchess of Kent (Sabah), Hospital Port Dickson, Hospital Sultanah Bahiyah, Hospital Sultanah Kalsom, Cameron Highlands, Institut Kanser Negara, Rehabilitation Institute, Cheras and Hospital Raja Perempuan Zainab II, Kelantan.

In general, TCM services have been widely recognised by the public with an overall increment use of services provided in Integrated Hospitals (TCM, 2011). For example, 5351 patients received acupuncture treatment at TCM units in Hospital Putrajaya in 2011 compare to 3113 patients in the year before. It was reported that 1136 patients had received Malay Post-Natal treatment in 2011 compared to 204 patients in 2010. This increment of the figure shows that TCM services in integrated hospitals has started to be recognised and utilised by the public.
3.1.5.3 Phase 3: Enforcement

One of TCM objective is to regulate the practice of TCM by TCM Practitioner Bodies using a phased approach, from self-regulation to statutory regulations. Hence, a registry system known as e-PENGAMAL has been established to achieve this objective. Until December 2011, a total of 4910 local TCM practitioners had voluntarily registered with the e-PENGAMAL since November 2008. The largest increment for the registration of local practitioners was noted in 2010 with a total of 1198. Traditional Chinese Medicine practitioners recorded the highest percentage (66%) from the total number of practitioners. This was followed by Complementary Medicine practitioners (13%) and Traditional Malay Medicine practitioners (11%). The number of Traditional Chinese Medicine practitioners and Islamic Medical practitioners progressively increased in 2011 due to initiatives being taken by the respective Practitioner Bodies.

All TCM Practitioners are required to adhere to guideline for ethical conduct, as outlined in the Code of Ethics and Code of Practice for Traditional and Complementary Medicine Practitioners at all times during the provision of services to the public. The Inspectorate and Enforcement Section (I&E) of TCM Division, MOH is responsible to carry out enforcement activities such as mapping and inspection of premises as well as consumer or public education throughout Malaysia. The I&E section collaborated with other governmental agencies such as the Pharmacy Enforcement Division, MOH, Immigration Department, Private Practice and Medical Control Section (CKAPS) and City and Local Government Councils in carrying out integrated enforcement activities.

3.1.5.4 Phase 4: Evaluation

Evaluation of TCM activities are done through research and development. This is important to ensure TCM services and products offered to the public achieved standard acceptable quality, safety and efficacy. Research into medicinal plant has been inadequate, resulting in paucity of data and inadequate development of methodology. TCM Division greatly encourages and fully supports Research and Development studies to improve safety and quality of its services.

Research and Development (R&D) Section was formalized in TCM Division in August 2008. The TCM R&D section collaborates closely with the National Institutes of Health (NIH), Ministry of Health in the conduct of its research. The first article on “Urut Melayu” was published in the Journal of Alternative and Complementary Medicine (JACM), November 2010 edition and more publications shall be pursued. Several studies has been conducted which include ‘A Qualitative Study on Urut Melayu – The Traditional Malay Massage, Urut Melayu for Post-Stroke patients: A Qualitative Study, Urut Melayu As A Complementary Rehabilitative Care In Post-Partum Stroke: A Case Report, and Evaluation of Patients’ Satisfaction Survey at The Traditional and Complementary Medicine Units’.

3.1.6 Problem Evaluation

Problem evaluation, the final stage in the policy-making process, includes monitoring, analysis, criticism and assessment of existing or proposed policies. This covers the appraisal of their content, their implementation and their effects. Moreover, evaluation is designed to
help governments to implement policies in an effective and efficient manner. The progress of policy implementation shall be monitored continuously and full evaluation need to be done regularly (Globinmed, 2015). Review and revision of the original policy is essential to address important issues and identify areas for improvement, incorporating changes where necessary to meet the current and future health care needs of the nation. Hence, a second edition of the National TCM policy is reviewed and published after 6 years of implementation, in 2007.

4.0 DISCUSSION

TCM policy may vary substantially from country to country depending on the complexity of the policy making process which includes the five stages of problem identification, formulation, adoption, implementation and evaluation. Apart from that, the policy making process may differ in terms of the actors, context, and content in different country. The variation of TCM policy is however need to be in line with the recommendation by the WHO guidelines. Many developing countries including Malaysia have initiated efforts to integrate traditional medicine in their national healthcare system by having the comprehensive national policy, laws and regulation on TCM to ensure quality and safe use of TCM practices and products to attain optimal potential in healthcare delivery. Malaysia had produced a national policy on TCM following the recommendation from WHO and the policy development was parallel in terms of policy vision, mission, objective and strategy which emphasis on practice, education and training, raw materials and products, and research and development.

The state actors, Ministry of Health had become the main actors in the TCM policy formulation in Malaysia. It differs from Sri Lanka where the main actor was Ministry of Indigenous Medicine. Apart from that, in China, the TCM division was established in 1951 that become an independent unit in 1988 namely as State Administration of TCM (SATCM), play as the main actor in formulating policies of TCM for the country (WHO, 2005).

WHO reported that, before 1988, there were only 14 Member States with regulations relating to herbal medicines, but the figure increased to 53 Member States (37%) having laws and regulations in 2003. Malaysia had established its national policy in 1999 and was launched in 2001 was among the earliest country having the national policy on TCM. Comparing with other country, Thailand has started policy on integration of TCM in public health services in 1993, however the European Union had their TCM policy later in 2010 (WHO, 2005).

Apart from that, the various non-state actors also had been involved in the policy making process which considering the various ethnicity in Malaysia, however it only covers the three main ethnicity, Malay, Chinese and Indian but lacking in the involvement from indigenous group in Malaysia such as Orang Asli, Iban, Kadazan and many more in the establishment of policy formulation process. Furthermore, the Consumer Associations group also was not found to be involved directly during the problem identification and formulation stage. Nevertheless, striking out strength of TCM policy in Malaysia, even though with the diversity of the ethnicity in Malaysia, the government managed to have one centralized TCM policy compared to Arab countries that doesn’t have centralized TCM policy for its states and Sri
Lanka, where there are separate 30 policies on traditional medicine to align with international IPR (Intellectual Property Rights) guidelines and to protect the country’s indigenous systems of medicines (World Bank, 2005).

TCM policy in Malaysia is emphasizing towards evidence-based approach through research and development. Therefore, the Herbal Medicine Research Centre was established in 2001 to provide scientific evidence for efficacy and safety of herbal products. There are also other countries that have research and development centres for their TCM, for example Bandaranaike Memorial Ayurvedic Research Institute in Sri Lanka that was founded in June 1962.

Training and education is also an important aspect in the TCM policy and has been highlighted in the TCM policy in Malaysia. Other country, such as Thailand, the establishment of training institute, Thai Traditional Medicine Training Centre in 1997 by Ministry of Health’s National Institute of Thai Traditional Medicine is one of the examples to carry out the implementation of the TCM policy pertaining to training and education. This aspect also mentioned in Sri Lankan TCM policy where it stated Sri Lankan indigenous systems of medicine should be valued and reinforced in school as “scientific”. As consequences, Sri Lankan students, who may frequently use indigenous systems of medicine at home, are more likely to relate to and understand the relevance of school material when this practice is publicly acknowledged. In contrast to Malaysia, TCM was not yet integrated in the school curriculum and educating of community since young is still not well incorporated. However, herbal medicines are widely accepted due to the cultures and norms of the society in Malaysia.

Furthermore, at present there is no integration of TCM into primary health care contrary to Thailand where traditional medicine was integrated into their 1120 health centres that represent more than 75% of health facilities in 1999. In India, TCM policy also was highlighted on the integration of the traditional medicine and homeopathy in national health programmes, family welfare programmes and primary health care. In addition, integration into primary health care also was practised in China and Japan (WHO, 2001).

The rapid development, popularity, feasibility and accessibility of TCM product in Malaysia may lead to uncontrollable situation that need to be monitor and evaluate in order to improve the current TCM policy. TCM has the potential to be developed as a new industry and there are room to be explored further. There is a need for continuous ongoing research to resolve safety and effectiveness issue of TCM products in Malaysia and it may require regular evaluation of the present TCM policy for the improvement in the future.
5.0 CONCLUSION

Analysing a policy based on policy making process approach using the five main steps is one of the most common approaches used. This approach has provided a general understanding on National TCM policy making process in Malaysia. In general, the national TCM policy in Malaysia has followed the principle and framework of policy making process that is essential to produce a comprehensive policy.

Author’s contribution
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Author 5: information gathering and preparation of manuscript
Author 6: information gathering and preparation of manuscript
Author 7: preparation and editing of manuscript
Author 8: preparation and editing of manuscript
Author 9: preparation and editing of manuscript
Author 10: final review of manuscript
Author 11: final review of manuscript

REFERENCES


