12TH NATIONAL PHARMACY R&D CONFERENCE 2024

Unity for Medicine Security:
Collaborative Solutions
for a Safer Future

GUIDELINES FOR ABSTRACT SUBMISSION

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The 12th National Pharmacy R&D Conference 2024 welcomes abstracts for oral / poster presentations in the area of research. Pharmacists and other healthcare professionals, researchers, students and academicians from the government and private sectors involved in research activities are welcome to submit their abstracts.

The content of the submitted abstracts should comply with the theme of the conference. The conference focuses on the research areas stated below:

TRACK	RESEARCH AREA	EXPLANATION
Track 1: Drug Discovery & Development	New Drug Discovery	Studies involving the process of finding chemicals for potential therapeutic uses.
	Pre-clinical	Pre-clinical testing of drugs in experimental animals or in-vitro for their biological and toxic effect and potential clinical applications.
	Clinical Trial	Studies involving pre-planned studies of the safety, efficacy, or optimum dosage schedule (if appropriate) of one or more diagnostic, therapeutic, or prophylactic drugs, devices, or techniques. The selection is based on predetermined criteria of eligibility and observed for predefined evidence of favourable and unfavourable effects.
Track 2: Authorisation	Market access	Studies involving processes that ensure rapid and continued patient access to products at appropriate prices.
	Legislation	Studies involving laws concerned with manufacturing, dispensing, and marketing of drugs.

TRACK	RESEARCH AREA	EXPLANATION
and Access of Medicine	Regulatory	Studies involving regulatory activities to ensure that medicinal products released for public use undergo comprehensive scientific assessment and post-market monitoring to meet international standards of quality, safety and efficacy, as well as activities ensuring notified cosmetic products are safe and of quality.
Track 3: Pharmaceutical Care	Pharmacotherapy	Studies involving a review of medications, the assessment of drug-related problems, goal setting, correction of polypharmacy, monitoring of drug prescriptions, and reassessment of drug-related problems.
	Pharmacy Services Delivery	Studies involving optimisation of pharmacy services such as non-conventional pharmacy services, pharmacy enforcement services, regulatory services, capacity building, service efficiency and impact of ICT.
	Consumerism	Studies involving patient centric orientation of health products and services with a focus on empowerment and ease of use.

The abstract should be based on original research.

The Scientific Committee accepts abstracts that have been presented at any level (e.g. facility, state, national or international level). However, an abstract that has been presented **AND** has won any prize or award at **NATIONAL** or **INTERNATIONAL** conferences is **NOT ELIGIBLE FOR SUBMISSION**.

The Scientific Committee welcomes abstracts from previously published studies. However, published abstracts will only be accepted if **modified**. (Mandatory to **paraphrase** and/or **rephrase** both the title and content of the abstract for submission)

All abstracts accepted in this conference will be published as a supplementary issue in the Ministry of Health (MOH) Pharmacy Research Reports.

All abstracts must be typed in font size 10, font Arial, in sentence case with single-spacing (do not use all CAPITAL LETTERS). The word count (excluding title, author details and key words) **must not exceed 250 words**.

The abstracts must be structured in the following format: **Introduction**, **Objective(s)**, **Methods**, **Results** and **Conclusion**. List no more than five keywords related to your research. Include NMRR ID and MREC approval details if applicable and followed by contact information for the corresponding author. Tables, graphs, and charts are NOT permitted.

The title of the abstract must be typed in bold and capitalise the first letter of each noun. The title should be short and specific to the content. Do not include abbreviations in the title. Every abbreviation in the text should be expanded at its first instance. The authors' name(s) and affiliated institution(s) should be in the following style. The name of the presenting author should be underlined.

Availability of Essential Medicines in the Remote Public Health Facilities in Malaysia

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Abstract

Introduction: Approximately one-third of the world population particularly in Africa and Asia lack consistent access to essential medicines. Providing access to medicines by ensuring availability of essential medicines is one of the objectives of a national medicine policy. Assessing the availability of essential medicines will help in understanding and identifying areas for improvement in the medicines distribution and stock management system.
Objective: This study aimed to assess the availability of essential medicines in remote health facilities in Malaysia.
Methods: A retrospective cross-sectional survey covering 20 remote health facilities in four states (Selangor, Pahang, Johor and Sarawak) in Malaysia was conducted. A basket of drugs consisting of 10 highly utilised essential medicines listed in the Malaysian National Essential Medicine List was used to measure the availability, stockout days and time between order and delivery of the selected essential medicines.
Result: On average, availability of the selected essential medicines at twenty remote health facilities was found to be more than 95%. Average medicines stockout days in the four states ranged from 0 to 12 days. At the same time, the study found that the average days between order and delivery of the medicines in the four states were between 6 to 13 days.
Conclusion: Availability of essential medicines in the rural health facilities was high (above 95%) and is in line with the recommendations from World Health Organisation (WHO) of 80% availability of essential medicines to ensure equitable access and rational use of medicines. It is recommended that an in-depth study is performed to look into the factors contributing to the medicines stockout and delays in medicines delivery in Malaysia.
Keywords: delivery time, essential medicines, medicines access, medicines availability, stockouts

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All abstracts must be written in **UK English**. Please proofread the text before online submission as the quality of the abstract strongly affects the reviewers' scores.

All research abstracts involving directly/indirectly Ministry of Health (MOH) Malaysia personnel, facilities or funded by MOH Malaysia research grant are **REQUIRED** to be registered with the National Medical Research Registry (NMRR). Ethics approval information is **REQUIRED** for ALL submissions (if applicable).

To facilitate the abstract review process, additional information as below is needed. However, this information will not be published:

1. Does this research add new knowledge to the existing literature?
2. Has the knowledge been translated into practice or policy?
3. Does your research involve collaboration? e.g: Partnership with other departments, facilities, ministries, agencies, or internationally.

ABSTRACT REVIEW

All submitted abstracts will be reviewed by at least three reviewers. The decision on the acceptance of any abstract will be made by the Scientific Committee based on the scores of abstract review. The committee will assign the abstract as either oral or poster presentation considering the authors' preference.

The decision about abstract acceptance and the required format for both oral presentation and poster presentation will be communicated to the corresponding authors. All communications will only be done with the corresponding authors. It is the responsibility of the corresponding authors to notify all other co-authors regarding the outcome of the Scientific Committee's decisions.

The organising committee reserves the right to accept or decline any submissions and to select the presentation format.

CRITERIA FOR THE REVIEW OF ABSTRACT

The criteria for abstract review are as below:

1. Originality
2. Justification / needs of research
3. Appropriateness of the methodology
4. Validity of the results and conclusions
5. Presentation and clarity
6. Abstract format
7. Language

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