

Regional Collaboration for Strengthening Medical Toxicology in the Asia Pacific Region

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Medical toxicology is somehow a neglected field of medicine. Support for this discipline is necessary as there are many competing interests within a nation's public health priorities (1). In the previous issue of the Asia Pacific Journal of Medical Toxicology, the essentials of the empowerment of medical toxicology in the Asia Pacific region have been discussed (2). Perhaps, there is now an urgent need for some leverage and synergy through more regional collaboration. This means having a strong leadership to communicate and connect with the health sectors (3). I have often adhered to a health system approach when strengthening a discipline was needed.

In 2007, World Health Organization described six building blocks for strengthening the health system (4). These pillars include health governance, financing, human resources for health, access to products, service delivery and lastly, application of information and communication technologies. These principals can also be applied to empower medical toxicology.

Governance is the strategic management, while we ask where medical toxicology should be positioned. Because toxicology covers many other fields, it is often subsumed under another discipline. Moreover, the leaders of toxicology work in cross disciplines. Hence, it dilutes us and diffuses our goals. So, we need a senior health leader that understands the critical role of toxicology to invest in the regional integration processes. This means strategic health financing. However, financing must be accompanied by good performance indicators (4). Here, lies the challenge; how can performance indicators be developed if the toxicology cases are not always consistently occurring and how can success of preventive toxicology be accurately measured?

Similar to other professions, the treasure is in the human resource, and this means quality training and a common acceptable accreditation process. Mutual recognition agreement of Association of Southeast Asian Nations (ASEAN) for recognizing and employing health workers is now in discussion. Perhaps, it is time for ASEAN to look into joint needs of the 10 member countries and share the small number of medical toxicologists for more efficiency. With the modern tools of the 21st century, training, consultations and treatment advice can be made cost-efficiently (3). Many antidotes considered as orphan drugs are poorly accessed by patients in need. This problem can be solved by shared regional stockpiling and rapid logistics. This also means strategic governance.

For improvement of the clinical services delivery, it is a necessity to engage more training at the junior physician level (the next generation) and more research and development, both of which requires recruiting human resource and sourcing of funds. There is; therefore, a unique role for the Asia Pacific Association of Medical Toxicology to play in regional toxicology strengthening.

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