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BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL**

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**STATEMENT BY THE INTERNATIONAL FEDERATION OF MEDICAL
STUDENTS' ASSOCIATIONS (IFMSA)**

By Mr Philip Pinaho Chao

Dr Margaret Chan, Director General; Dr Young Soo Shin, Regional Director, dear Chairperson and Honourable Ministers of Health and official dignitaries; ladies and gentlemen, on behalf of the International Federation of Medical Students' Associations, I extend kind greetings to the 61st session of the WHO Regional Committee Meeting for the Western Pacific.

Thank you for the privilege to speak to you today. The International Federation of Medical Students' Associations is a unique network of 103 medical students' associations from 96 countries, representing over 1.2 million medical students worldwide. From the humble beginnings at our 1973 general assembly in Singapore, we are very proud of our historical association of advocating for a Primary Health Care orientation of medical education.

We feel that it may perhaps be pertinent of us to comment on 5.3.1. "Preparing the workforce" in this regional strategy. We believe that medical students, being the direct consumers, are also one of the key stakeholders in medical education. We strongly endorse the need for training programmes to be not only be designed to attract an equitable population of students, but also that affirmative action for under-served populations be put in place to ensure equity of access.

It is mentioned throughout this proposed strategy that education plays an important role in the strengthening of health systems. We would like to draw to the attention of the Honourable Ministers that, as aforementioned, the health workforce requires the involvement of multiple other sectors such as education. We have been in discussions with colleagues in the region where the disjunct between the ministry of education and the ministry of health, for undergraduate education and post-graduate training respectively, has resulted in a disparity in graduate numbers and post-graduate training programmes available. In these countries we are at risk of the potential harms of training more health workers, especially doctors, than the system can absorb and risk the quality of training, thus the quality of care.

We believed that effective medical education on PHC that delivers the outcomes as detailed in this strategy must be developed in consultation with medical students. We know of many highly skilled and enthusiastic medical student associations in our region that have been empowered through the

IFMSA to rise to this challenge. We would very much encourage you be in regular contact with your national student association if you are not already doing so. Together we may seek ways of how medical students may be involved in developing better health outcomes for our respective countries. The IFMSA is more than happy to support any country in this process of engaging with students.

Our standing committee on medical education founded in 1951 provides a valuable platform to empower medical students to take ownership of this process and it has been shown that medical student involvement in curriculum development produces positive outcomes for all involved.

We are very grateful for the opportunity to present to you today our views of how the IFMSA and medical students may engage to work towards quality health services that are available, accessible, affordable and acceptable.

Thank you for your consideration.