

Address by The Rt. Hon. B. E. Talboys
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Acting as Prime Minister in the absence overseas of the Prime Minister of New Zealand,
the Rt. Hon. R. D. Muldoon

On behalf of the Government and people of New Zealand, it is my pleasure to extend a warm welcome to you all, to the Fifth Commonwealth Medical Conference.

New Zealand places the utmost value on its membership of the Commonwealth. It is a unique grouping; it brings together a myriad of races, cultures, creeds and political experiences. Though diverse in the origin, we in the Commonwealth share many common goals: the strengthening of personal liberty, the enrichment of life for all and the elimination of racial and other discrimination.

New Zealand believes firmly that the Commonwealth has an important part to play in the world, in fostering peace and understanding. But the Commonwealth is more than just fine words and expressions of ideals. It is one thing for a group of nations to come together and identify the problems of the world and discuss what should be done. It is another thing for the same group to put words into practice and set about resolving problems, and this is where the strength of the Commonwealth lies. Not only do we in the Commonwealth consult, talk, discuss, and at times argue, we look for real and practical ways of fulfilling the principles to which we subscribe. And nowhere can this be better seen than here in this very room, where Ministers, officials and doctors from countries spanning the continents and oceans of the world are gathered, not to argue principles and points of order, but to discuss and exchange ideas on a subject fundamental to the welfare of all mankind — health.

Commonwealth co-operation extends over a wide number of fields — economic affairs, technical assistance, education, law, youth, science and technology, to name but a few. The sheer extent of the activities and exchanges involving governments, official organs, private institutions and individuals within the Commonwealth that have been developed is a great tribute to the imagination and energy of the Secretary-General and his staff. We are fortunate that we are able to draw on people of such wisdom, experience and practical ability.

In health there has been marked growth in co-operation in recent years. The first of these conferences was held in 1965 and since then a variety of practical programmes of mutual self-help in the health field have been formulated and implemented. New Zealand is privileged to host this, the fifth Conference. Our experience in developing medical services in this country is in many respects similar to that of others in the Commonwealth. The foundations were laid under a colonial administration, but alongside adoption of the existing British model there has been adaptation and, as with many hybrids, the bloom has been richer for it. Early New Zealanders shunned the Victorian concepts of community medical care and irrespective of their financial circumstances rapidly assumed the right to the best care available in public hospitals. Special efforts were made to relate traditional Maori medical practices to modern health concepts, which helped to reverse what was considered at the turn of the century to be an irreversible decline in the Maori population.

Adaptation, however, does not mean we have ignored the original. The very fact that the early experiences in health practice of countries that now comprise the Commonwealth derived from a common source is an added strength. For it means that not only are we in the Commonwealth literally speaking the same language in discussing subjects or problems of mutual interest, but also that we have a common yardstick with which to compare, with which to understand, and against which to learn. And learning may well involve departing from that yardstick when it is found from actual experience to be irrelevant.

The Commonwealth process has been described as one of “consultation, discussion and co-operation”. We in New Zealand have sought to encourage and participate in the development of this process, particularly in respect of our immediate neighbours in the South Pacific. We recognise the value of regional co-operation, stressed at earlier Commonwealth Medical Conferences, as the best way of making use of scarce resources and manpower. But our relationship with South

Pacific countries is a relationship of peers. In the field of health care, as in all fields, the South Pacific countries make their own decisions and set their own priorities. We react to invitations to help. South Pacific countries have their own administrative structures for the management of their needs in health care. The establishment of autonomous health structures, however, does not mean that the need for co-operation no longer exists. Indeed the value of co-operation is increased. For health is not a static subject. It requires continuous monitoring, examination and research, and, perhaps above all, regular exchanges of ideas and experience.

And the links between New Zealand and its Pacific neighbours on health matters remain close. Under its bilateral aid programme New Zealand is involved in a number of health-oriented projects. The emphasis of these is on local self-help, and they include assistance in rural health services and district hospital development. The flow of information and experience, however, is by no means one way. For we in New Zealand are all too aware that we have much to learn from the experiences of others in environments and circumstances different from our own: and our South Pacific neighbours have much to offer. The scope for medical exchanges and health co-operation to *mutual* benefit with our South Pacific neighbours is wide. It is New Zealand's wish that these will continue and, when and where possible, be expanded.

And this is, of course, the Commonwealth way. Commonwealth co-operation is a two-way process. Where new ideas, new techniques, new approaches are concerned there can be no clear-cut distinction between donors and recipients. New Zealanders are conscious of the many "firsts" that have been achieved in this country in health practices, and proud that many of the health services we have innovated here have been emulated overseas. We accept, though, that not all the infrastructures and techniques that we have developed are readily applicable in all environments. Just as we are drawing on and learning from the experience of others, so our successes (and failures!) can, we believe, be of reciprocal relevance. We are as eager to share our experience as we are willing to benefit from the experience of others.

The theme of this Conference — Community Health — is of immediate concern in all societies. We are becoming increasingly concerned at the imbalances that can develop between sophisticated hospital facilities, on the one hand, and the level of primary care on the other. We therefore look forward to the proceedings of this Conference with a particular interest — because we feel, quite selfishly, that we could well have as much to gain from it as we have to contribute.

Mr. Secretary-General, honourable Ministers, distinguished delegates and guests, I have now great pleasure in declaring this, the Fifth Commonwealth Medical Conference, open.

I wish the conference every success, and hope that your visit will be rewarding, that you will enjoy meeting New Zealanders and that you will see something of our countryside.

Vote of Thanks by The Hon. Gamini Jayasuriya Minister of Health, Sri Lanka

I consider it a great privilege and honour bestowed upon me and my country, Sri Lanka, to propose a vote of thanks on this memorable occasion. Let me take this opportunity on behalf of myself and others present to express thanks for the very kind invitation extended by the Government and people of New Zealand to have us here for the Fifth Commonwealth Medical Conference. We are indeed very happy to be here to enjoy the scenic beauty of this lovely country and your hospitality. We very much appreciate the trouble you have taken to organise this Conference and the excellent arrangements made to meet this demand.

The timing of the Conference has been done at the correct time of the year when the climate is most salubrious and invigorating for the optimum output of work. The theme of the Conference — Community Health — is one that concerns most of our Commonwealth countries and especially the developing countries. The question of health has to be considered as a whole and not in bits and pieces. The agenda before us at this Conference is again one that concerns most of us and once again the subjects are of importance for developing countries.