

OPENING ADDRESSES

Address of Welcome by Air Commodore The Hon. T. F. Gill Minister of Health, New Zealand

It is my pleasant duty today, as Minister of Health for New Zealand, to welcome delegates attending the Fifth Commonwealth Medical Conference. May I say that it is especially pleasing to see so many other Health Ministers here from various parts of the Commonwealth.

The holding of this Conference once more provides the opportunity for informed discussion and deliberation on health matters as they affect the peoples of the Commonwealth. The Conference is another happy example of the on-going technical co-operation which is practised in numerous fields by the member nations. Its theme is Community Health, a theme which is of great topical interest in New Zealand, as I believe it is to our fellow Commonwealth countries. I feel confident, therefore, that the consideration to be given to different facets of this subject over the next ten days will be of as much benefit to overseas delegates and their home countries as it will be to us. New Zealand is proud to have the privilege of hosting this important gathering.

We also take pride in the fact that the social welfare and health policies of this country have often served as models for other parts of the world to follow. From New Zealand's earliest days as a member of what is now the Commonwealth, the state has had a role to play in funding and providing health services. Initially, this was a consequence of government responsibility towards the Maori people and the poorer European settlers. The state stepped in to provide medical services where voluntary effort and private enterprise were unable or unwilling to do so. The colonial spirit, however, was marked by a determination to ensure that every citizen had the right to the best medical care, irrespective of ability to pay. This determination is reflected in our social legislation which has been widely acclaimed.

Similarly, our accident compensation legislation is another pioneering achievement of social progress. This comprehensive measure is also based on the principle that the community as a whole accepts a responsibility and, in this case, provides for all victims of accidents, however their injuries may have been caused.

Proportionately greater funding of health services from the public purse has become almost inevitable as medical care has become more sophisticated and expensive. This tendency has left the unfortunate impression in the minds of many, including some health professionals, that progress in health care can be gauged in terms of more hospital beds and more doctors. A medical service, however, is not the same as a health service.

We in New Zealand are examining the efforts of some recently independent Commonwealth countries and re-learning the value of preventive medicine and community-based medical care. We must extricate ourselves from the organisational problems of a system over-committed to interventive care and to institutional development.

In fact, community health care is a concept much discussed in New Zealand today. Interest in it is no doubt, in part, a reaction to current organisational problems. It would be wrong to see in this comprehensive term the basis of a cure for all the ills of our health system. Nevertheless, community health care is important and my Government is active in giving practical effect to the concept. Increased levies on alcoholic liquor and tobacco this year are being devoted to projects that extend the provision of health care in the community. This gives substance to the Government's policy of developing a health service which emphasises the promotion of good health and prevention of ill-health, rather than an illness-oriented system.

Of course, community-based care cannot be planned and provided apart from the existing services. Co-ordination of all health services is the key to making the best use of the not unlimited resources available for our health care. This points to the need for some re-organisation of health services and, in fact, the Government has appointed a broadly-based, special advisory committee to make recommendations for that purpose.

The committee has just published a discussion document containing many useful proposals for improving our organisation of health services to better meet current health problems. This discussion document is the basis for a pilot health scheme in the northern part of New Zealand. Such a scheme will only be set up in the light of consultations to be held, first, with the people of the Northland region, the health professionals and the various agencies involved in the delivery of health care in the region. I am confident that this open approach will enable our health problems to be tackled more effectively. In the process, the country as a whole can only benefit from the experiment.

On behalf of the Government and people of New Zealand, it is now my privilege as Minister of Health – and my pleasure – to welcome delegates to the Fifth Commonwealth Medical Conference. May your attendance at the various working sessions be professionally rewarding and your presence at associated social functions a time of relaxation and enjoyment.

Address by H. E. Mr. Shridath S. Ramphal Commonwealth Secretary-General

My first words could not but be of gratitude to you, Acting Prime Minister, for being with us at the start of this important Commonwealth meeting. Ministers of Health, in my experience, whatever their earlier professional or political background, rapidly become members of the medical fraternity. You and I today are the outsiders. I am personally grateful for your company.

But, of course, all of us are grateful for your presence at this opening ceremony as the symbol of the Government of New Zealand, for we are all deeply indebted to your Government and welcome the opportunity publicly to acknowledge it to you. We are indebted, of course, for New Zealand's initial gallantry in undertaking the responsibilities of host to the Commonwealth's Health Ministers; but indebted also for the high order of care and commitment that has characterised the discharge of those responsibilities over many months of preparation. My only concern now is lest any be discouraged from seeking to follow where New Zealand has so excellently led. Please convey to the Prime Minister and your colleagues generally our collective appreciation.

This has been a significant and, I may add, unusual year for the number of meetings of leaders concerned with the making of government policies in Commonwealth countries. Apart from the summit meeting of Heads of Government, last June in London, the importance of whose discussions and decisions hardly needs amplification, there have been meetings of Ministers to review progress made and decide new ways of strengthening activities that constitute the basis of Commonwealth co-operation in a variety of fields. Commonwealth Education Ministers met in West Africa in Accra, Ghana, in March; Commonwealth Law Ministers met in Winnipeg, Canada, in August, and Commonwealth Finance Ministers met in September in Barbados. As was the case in these other meetings, I am sure that this meeting in Wellington, concerned as it is with an area of major importance in the life of Commonwealth countries, will be a milestone in the progress towards more effective and beneficial Commonwealth co-operation.

The theme of this Conference is Community Health. That it is, reflects not only the reality of its being at the threshold of your consciousness and your concern but the need as well that it should cross that threshold and enter the domain of practicality and programming. In both respects we are fortunate in having as our guest speaker Professor S. R. A. Dodu, Professor of Medicine and former Dean of the Ghana Medical School, whose innovative work in the field of community health has done so much to promote both awareness and action. It is a pleasure for me to welcome him to this Conference on your behalf and to thank him for agreeing to give the lead address this afternoon.

Together, Ministers and Delegates, you have come here from the veritable corners of the earth – note, not *to* a corner, for in our new Commonwealth we have outgrown concepts of centre and perimeter. You have come from all the continents and the oceans and from societies that reflect almost every facet of the human condition. It may well be asked – not by you, who know, but by our wider publics – how discussions among so diverse a gathering of Health Ministers can assist the search for solutions to the health problems of individual Commonwealth countries.