

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.

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### 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.

The accent on hospital services all over the world has resulted in a very considerable rise in the cost of maintaining such services, which most developing countries cannot afford. The time has come when our medical education should be geared to meet the demands of the community and when community participation is necessary and preventive and social medicine should be given its rightful place. I am confident that all of us will benefit from the resolutions made at this Conference to take effective steps in our countries.

May I take this opportunity of thanking the Acting Prime Minister on my own behalf and on behalf of my colleagues for his presence here today and for the very cordial welcome extended to us. You can rest assured that we will carry back with us very happy memories of a very pleasant and enjoyable stay in your beautiful country.