SUMMARY RECORD OF THE FIRST MEETING

Queen Margaret College, Wellington
Tuesday, 28 August 1973 at 9.30 a.m.

CHAIRMAN: Mr F.S. Cruz (United States of America)
later: Dr C.N. Derek Taylor (New Zealand)

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First Meeting

Tuesday, 28 August 1973 at 9.30 a.m.

PRESENT

I. Representatives of Member States

AUSTRALIA

Dr H.M. Franklands
Dr R.W. Cumming
Mr R.J. Tyson

CHINA

Dr Chen Hai-feng
Mr Chou Shan-yen
Professor Shih Chen-hsin
Dr Chang Kuang-hua
Mr Tsao Yung-lin

FIJI

Dr D. Singh

FRANCE

Dr J. Leigret

JAPAN

Dr Teruhiko Saburi
Dr Rintaro Okamoto

KHMER REPUBLIC

Professeur Agrégé Sok Heangsun
Dr Kadeva Han
Dr My Samedy

LAOS

Dr Phouy Phoutchasak
Dr Tiao Jaiswad Visouthiphong

MALAYSIA

Tan Sri Datuk (Dr) Abdul Majid bin Ismail
Dr S.K. Mukherjee
Mr Onn bin Kayat

NEW ZEALAND

Dr H.J.H. Hiddlestone
Dr C.N. Derek Taylor
Dr G. Blake-Palmer
Dr R. Dickie
Mr D.K. McDowell
Professor C.W. Dixon
II. Representative of Associate Member

PAPUA NEW GUINEA

Dr M. Wainetti

III. Representatives of the United Nations and Related Organizations

UNITED NATIONS AND UNITED NATIONS DEVELOPMENT PROGRAME

Mr W. Hussey

IV. Representatives of Other Intergovernmental Organizations

SOUTH PACIFIC COMMISSION

Dr Anne-Laure Bourre

V. Representatives of Non-governmental Organizations

INTERNATIONAL DENTAL FEDERATION

Brigadier J. Ferris Fuller

INTERNATIONAL COMMITTEE OF CATHOLIC NURSES

Miss P. Duddridge

INTERNATIONAL COUNCIL OF NURSES

Miss T. Burton

INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS ASSOCIATIONS

Mr P.D. Coyne
VI. WHO Secretariat

DIRECTOR-GENERAL
Dr H.T. Mahler

SECRETARY
Dr Francisco J. Dy
SUMMARY RECORD OF THE FIRST MEETING

1 FORMAL OPENING OF THE TWENTY-FOURTH SESSION OF THE REGIONAL COMMITTEE: Item 1 of the Provisional Agenda

Mr CRUZ, retiring Chairman, formally opened the twenty-fourth session of the WHO Regional Committee for the Western Pacific. Dr H.J.H. Hiddlestone, Director-General of Health, introduced the Prime Minister and Minister of Foreign Affairs, the Right Honourable N.E. Kirk, who then addressed the meeting. Statements were also made by Dr Mahler, Director-General of the World Health Organization, and the Honourable R.J. Tizard, Minister of Health (see Annexes 1-4 for copies of their speeches).

With the completion of the formal opening, the Committee adjourned and reconvened at 10.55 am.

2 ADDRESS BY RETIRING CHAIRMAN: Item 2 of the Provisional Agenda

Mr CRUZ, retiring Chairman, conveyed the greetings of the people of Guam, who had greatly enjoyed the visit of the Regional Committee last year. He expressed his appreciation of having had the opportunity and experience of serving as Chairman for the twenty-third session and thanked the members of the Committee and staff of the Regional Office for the assistance and cooperation which they had given him. The year just completed had been an eventful one. The people of Indo-China were now facing the challenge of rebuilding their lives after many years of disorganization. While their needs in every sphere were great, the opportunities for each individual to realize his own goals in life were greater. Whether or not the people would be successful might well depend on the support that they and the national administrations of their countries received from their neighbours in the community of nations.

A second major development was the presence of representatives from the People's Republic of China. Their great strides forward in numerous areas of human endeavour, not the least of which were their accomplishments in the fields of health, had been followed with interest by all. Their impact on the progress of the Region could not fail to be both dramatic and beneficial.

Thirdly, a significant event of the past year which would undoubtedly affect Guam indirectly, was the political discussion currently under way about the status of the Trust Territory of the Pacific Islands. At the turn of the century Guam had been separated politically from the other islands of the Mariana Islands group. The cultural bonds had, however, persisted. While the precise form of the new political structure for the area could only be guessed at, there would certainly be substantial changes in the future. He was confident that
whatever these might be, they would enable the people of all
the Marianas to share in the economic and social progress that
was presently being enjoyed by their friends and relations on
Guam.

With the continued close cooperation and increased
leadership in all areas of endeavour provided by the countries
of the Western Pacific Region, he felt sure that past progress
would not only be maintained but accelerated. It was the
responsibility of all the representatives attending the
meeting to see that health programmes shared in the progress
of the Western Pacific Region.

3 STATEMENT BY THE REPRESENTATIVE OF THE PEOPLE'S REPUBLIC
OF CHINA

Dr CHEN (China) stated that the Chinese delegation deemed
it necessary to point out that the traitorous Lon Nol clique
was a puppet regime consisting of a handful of national scum
abandoned by the Cambodian people and could by no means
represent the latter. The representative of the traitorous
Lon Nol clique was utterly unjustified in attending this
session of the Regional Committee. Under the leadership of
Samdekk Norodom Sihanouk, the Royal Government of the National
Union of Cambodia, which now controlled over 90% of the
Cambodian territory, was not only warmly supported by the
Cambodian people but also had won the wide recognition and
admiration of all peace-loving peoples and justice-upholding
countries. The Royal Government of the National Union of
Cambodia, under the leadership of Samdekk Norodom Sihanouk, was
the sole legal government representing the Cambodian people.

The Chinese delegation wished to point out further that
the Paris Agreement on Viet-Nam had given de facto recognition
to the existence of two administrations in South Viet-Nam, namely,
the Provisional Revolutionary Government of the Republic of
South Viet-Nam and the Saigon authorities. The Provisional
Revolutionary Government of the Republic of South Viet-Nam
was the genuine representative of the people of South Viet-Nam.
Under the present circumstances, it was not appropriate for
the representative of the Saigon authorities to unilaterally
attend this session.

Dr Chen asked that his statement be recorded fully in the
minutes of the meeting.

Professor SOK HEANGSUN (Khmer Republic) expressed surprise
that the legitimacy of his delegation had been questioned, since
the Khmer Republic was a full member of the World Health
Organization and its Government had been officially invited
by the Regional Office to sit on this committee. The Khmer
delegation regretted that a forum which should be confined to
technical questions had been used for political purposes.
4 ELECTION OF NEW OFFICERS: CHAIRMAN, VICE-CHAIRMAN AND RAPPORTEURS: Item 4 of the Provisional Agenda

4.1 Election of Chairman

Dr KING (United States of America) nominated Dr TAYLOR (New Zealand) as Chairman; this was seconded by Dr CHEN (China).

Decision: Dr TAYLOR was unanimously elected.

4.2 Election of Vice-Chairman

Dr KILGOUR (United Kingdom) nominated Dr SINGH (Fiji) as Vice-Chairman; this was seconded by Dr HIDDLESTONE (New Zealand).

Decision: Dr SINGH was unanimously elected.

4.3 Election of Rapporteurs

Dr RHEE (Republic of Korea) nominated Dr HO (Singapore) as Rapporteur for the English language; this was seconded by Dr SABURI (Japan).

Dr MAJID (Malaysia) nominated Dr PHOUTTHASAK (Laos) as Rapporteur for the French language; this was seconded by Dr THIEME (Western Samoa).

Decision: Dr HO and Dr PHOUTTHASAK were unanimously elected.

5 ADOPTION OF THE AGENDA: Item 7 of the Provisional Agenda (Documents WPR/RC24/1 Rev.1 and WPR/RC24/1 Rev.1 Add.1)

Dr RHEE (Republic of Korea) expressed his delegation's wish to withdraw Supplementary Agenda Item 3, which had been proposed by his Government. The delegation of the overall responsibility for the population programme to the national family planning programme of the Ministry of Health and Social Affairs was a problem in Korea and possibly also in other countries. The problem arose from the need for population policy measures, which should not only be limited to the health-oriented lines of the family planning programme but should also depend on different fields. A government coordinating body at a high level would, therefore, be extremely useful as it could develop inter-action and coordination between the various ministries concerned and utilize and mobilize effectively all the related functions needed for a broad-based population programme which met national objectives.

Fortunately, the United Nations had announced the 1974 World Population Year and requested governments to set up a committee to plan activities for that year. In addition, ECAFE and other United Nations Specialized Agencies had been undertaking programmes related
to population policy for some years. The WHO Regional Office for the Western Pacific Region had also been supporting national family planning programmes in the Region although WHO had concentrated on the health-oriented line of family planning. His Government felt that WHO was the only agency among the various United Nations agencies strongly involved in this problem. It appeared, however, that there was little experience available on the establishment of national policy coordinating bodies. His delegation considered, therefore, that it would prefer to discuss the matter further with the WHO Secretariat and for this reason it wished to withdraw Supplementary Agenda item 3.

Dr LAIGRET (France) said that his Government wished to withdraw Supplementary Agenda items 1 and 2.

There being no further comments, it was decided not to consider the Supplementary Agenda.

Dr FRANKLANDS (Australia) referred to the Provisional Agenda (document WPR/RC24/1 Rev.1) and suggested that Item 13, "Quality of drinking water on international flights" and Item 16, "Quality of food on international flights", be considered either together or consecutively.

This was so agreed.

The Chairman then moved the adoption of the agenda.

Decision: In the absence of further comments, the agenda was adopted.

6

STATEMENT BY THE CHAIRMAN OF THE TECHNICAL DISCUSSIONS:
Item 8 of the Agenda

Professor DIXON (New Zealand) stated that he was honoured by the invitation to be Chairman of the Technical Discussions. The subject selected for the discussions "The Role of the Hospital in the Community and the Financing of Hospital-Based Medical Care" was important and topical to all countries and territories in the Region. Public interest was growing as a result of increased educational levels and increased awareness of man's right to medical care.

In any system of medical care the major proportion of expenditure was for hospital and hospital-based services and the worldwide problem was to explore means by which such services could be more effectively and efficiently delivered within the overall concept of regionalization of health services and medical care and the resources of the individual country. It was, therefore, most timely that this topic was to be discussed at the present meeting.
The documentation of the Technical Discussions consisted of three working papers and organizational and procedural papers. Reference material for consultation only was available at the Conference Hall.

There would be two plenary sessions, both to be held in the Conference Hall. The first would be on the afternoon of Friday, 31 August 1973, when the procedural arrangements would be further discussed and the second on Monday morning, 3 September 1973.

There would be three discussion groups, the composition would be given in document WPR/RC24/TD7, which would be distributed shortly. Groups A and B which comprised English and Chinese-speaking members would meet in Technical Discussions Rooms 1 and 2, respectively, and Group C which comprised English and French-speaking members, would meet in the Conference Hall.

The subject for discussion was extremely important and really warranted greater time than was available for the meeting. However, it was hoped that with active discussions within the limits of the time available a significant report would be produced to assist countries in the Region in the field of "The Role of the Hospital in the Community and the Financing of Hospital-Based Medical Care". (For consideration of the report of the Technical Discussions, see the eighth meeting, section 3.)

7 ESTABLISHMENT OF THE SUB-COMMITTEE ON PROGRAMME AND BUDGET: Item 9.1 of the Agenda

In accordance with resolution WPR/RC21.R1 adopted by the Regional Committee at its twenty-first session, which decided that the membership of the Sub-Committee on Programme and Budget should "consist of half the Members in the Region plus the Chairman of the Regional Committee and that it be rotated among the representatives of various Members, subject to the provision that any representative desiring to participate in the discussion of the Sub-Committee should be entitled to do so", it was agreed that the membership this year would be composed of representatives from Australia, the People's Republic of China, Fiji, France, Japan, New Zealand, the Republic of Korea, the Republic of Viet-Nam and the United Kingdom.

It was also agreed that the Sub-Committee would meet at 2.30 on Thursday afternoon, 30 August, and that a further meeting would take place at 2.30 on Monday afternoon, 3 September. (For consideration of the report of the Sub-Committee, see the eighth meeting, section 2.2.)

The meeting rose at 11.35 a.m.
As Director-General of Health, I am delighted to welcome you all to New Zealand. We are very sensitive of the honour of hosting this Regional Conference. The representative attendance from all countries in the Region gives us tremendous pleasure while the presence of Dr Mahler, Director-General of WHO, is a signal honour.

New Zealand gained international recognition as a leader in progressive health and social legislation with the passing of the Social Security Act more than thirty years ago. This legislation changed the emphasis of health care provision from a personal responsibility to a corporate one. This trend pioneered in New Zealand is reflected in all countries with variations appropriate to local culture, philosophy, political structure and economy. Inherent in this change is an entirely new role for Ministries and Departments of Health. Their former passive regulatory type oversight changed to an active management and forward planning responsibility.

My attendance at the World Health Assembly in Geneva this year was a particularly stimulating experience. I was deeply impressed by the way health and its problems seem to transcend divisions of politics and culture. All delegates seemed united in their sincere desire to work together to achieve positive progress towards health for all the peoples of the world. To me this was truly remarkable and gave the very clear impression that health and its active pursuit could form a very real bridge between the nations of the world. I would seriously suggest that a united international endeavour, based on health, could well be an effective venue to increase international goodwill, understanding and a lasting peace.

It is against this background, Ladies and Gentlemen, that I have the honour to introduce the Prime Minister of New Zealand, the Right Honourable Norman Kirk.
ADDRESS BY THE RIGHT HONOURABLE N.E. KIRK
PRIME MINISTER AND MINISTER OF FOREIGN AFFAIRS

I want first of all to join with Dr Hiddlestone, on behalf of the Government and people of New Zealand, in offering a very warm and sincere welcome to all members of all delegations who are attending this Regional Conference and I trust that not only will your deliberations at the Conference prove fruitful and a means of advancing the interests of the people who are represented here but that each of you will have the opportunity of seeing something of New Zealand and experiencing a very warm welcome from all our people and a welcome that will, I hope, create very warm memories of a visit to our country.

In Polynesian times visitors were welcomed in a most unusual way. The Polynesian tradition was to challenge visitors at the gate before being admitted to a meeting place. Once they had proved their good intentions they were greatly welcome. Visas and letters of credence, of course, are very dull fare by comparison with the traditional Polynesian welcome, but the traditions of hospitality remain and to each of you individually and to the countries you represent I offer, on behalf of the Government and the people of New Zealand, a very warm welcome and I hope that every minute you spend in our country will be a very enjoyable experience for you all.

I am especially pleased to meet Dr Mahler, who is carrying out one of his first official tasks as Director-General in being with us today.

If it is acceptable to single out any one delegation in such a gathering I would like particularly to welcome the delegation from the People's Republic of China. This is the first occasion they have attended such a regional meeting and I am sure that the inclusion of that delegation rounds out and fills the representation of this important Conference and I wanted particularly to mark our pleasure that the Chinese delegation is present here today.

For New Zealand this is a most congenial gathering. Those who sit around this table too seldom get together for such talks. For many years, of course, we in New Zealand tended to think that New Zealand was almost tethered off the coast of Europe. Our trade was centred in the northern hemisphere and many of our political interests were also but with the changes that have come today New Zealand accepts that it is a Pacific country and that we have specific Pacific interests that we are endeavouring to honour to the full.
And so to have the great nations of the Western Pacific sitting in Wellington for discussions on substantial and technical issues is a precedent that we trust, and indeed hope, will be followed in other fields besides those of health.

This year marks the twenty-fifth anniversary of the World Health Organisation. The specialised agencies were set up after the United Nations itself was brought into being and have played a very important part in shaping the character of the United Nations and of the attitudes of the people that it serves.

There were vague references in the preamble to the Charter to promoting social progress and better standards of life for all peoples, but not overmuch emphasis was placed on this element of United Nations activities. It was only through the insistence of a predecessor of mine - a former Prime Minister, the Rt Hon. Peter Fraser - that the economic and social council was made a principal organ of the world body. And this emphasis has served to create bodies that have been amongst the most successful of the United Nations structure. Yet today the work of the specialised agencies, in the words of the Maori proverb, stand out brightly like the rainbow against a dark cloud.

We, the smaller countries, had hoped that the United Nations would indeed save mankind from the scourge of war and re-establish a rule of law. Many delegates around this table today can testify to this in their own personal experience. That the United Nations has not been successful in freeing mankind from the threats of war and in the re-establishment of a rule of law in international affairs is not a reflection on the United Nations, it is not a symbol that the ideals in which the United Nations were founded cannot work. It is a matter of truth that the United Nations is no greater or less than the involvement, the enthusiasm, and the support of member countries. New Zealand intends working with other like-minded countries to attempt - at this time of changing relationships around the world - to make another effort to make the charter work; to induce the great powers to pay heed to the United Nations membership; to employ international machinery in the pursuit of peace. But this is a long-term operation and in the meantime your Organization has learned that just as peace is indivisible, so disease knows no international boundary. Here is a readily identifiable common enemy. Here is a field in which progress is both possible and to a degree realised.

Using resources, human and material, from around the world, tackling the problem on a near-global scale, this organization and its members have all but eradicated in some continents several of the old killers, such as smallpox, leprosy, malaria and others. Much more remains to be done. But there are successes and there have been spectacular successes. There are advances and there is hope. And the effects are felt on a national scale in the field of
development itself. If I might give one example close to home; filariasis, yaws and tuberculosis were once the scourge of the South Pacific Islands and as recently as fifteen years ago. The fact that they remained rife in spite of advances in technology which made control possible is not a point from which those of us who had administrative responsibilities in the area can take any comfort.

Now, thankfully, these diseases are largely gone. With the resources, the expertise and the ability to coordinate action on a regional basis which the World Health Organization commands, they have been controlled and almost eradicated. The achievement is staggering. In terms of history - for the first time since men walked upright, there is a possibility that most will not be bent by disease. Think of the achievement in terms of the alleviation of human suffering in the South Pacific alone.

And if I may, as perhaps a consumer of medical services rather than as a medical man, be permitted to stray beyond health implications, and to think of the implications and results in terms of social and economic development. It has been estimated that the productive capacity of one of the Pacific countries from which filariasis has been virtually eradicated may have risen by fifty percent because of the removal of this debilitating disease. Thus as well as the freedom that good health confers on the individual there are undeniable economic implications of every step forward in the improvement of community health. This interaction of health and environment and development is now widely accepted as a demonstrable fact.

But this is to single out only one of the problems that are faced in the Pacific Region. Another causing widespread concern is the pollution of the Pacific environment. The New Zealand Government has taken a position that no increase, through the testing of nuclear weapons in the atmosphere, for example, in levels of radiation without compensating benefit can be justified. In this stand we have been encouraged by the support of countries in the Pacific and elsewhere who share our fears.

We were particularly encouraged by the adoption by the World Health Assembly itself at its last session of a resolution which expressed the Assembly's deep concern over the health aspect of increases in the levels of radiation in the atmosphere. The resolution also deplored nuclear weapons testing which resulted in an increase in radiation, urged its immediate cessation and furthermore called on all nuclear weapon states to suspend nuclear weapons tests in all environments. This was a firm and unequivocal stand by the international medical fraternity and brought great comfort to New Zealanders.
May I conclude by wishing you well in your deliberations and in your planning for the future. I very much hope that you will have the chance to get outside these four walls, to meet New Zealanders in their own homes and to see something of the country, and I do hope that it is possible for you to see a great deal of New Zealand, to see the unique way of life that we have established in this country, to understand the social concerns on which our economic and social policies are founded and also to experience the warmest of welcomes that can be extended to you all in your great work on behalf of humanity.
ADDRESS BY DR H. MAHLER,
DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION,
TO THE INAUGURAL MEETING OF THE
TWENTY-FOURTH SESSION OF THE
REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

It is an honour for me to address the World Health Organization's Regional Committee for the Western Pacific, the first Regional Committee meeting I have the pleasure of attending in my new capacity.

Thinking of your Region, I am conscious first of all of the vastness of the area and the great variety of countries and peoples you represent. The distances in the Region are matched by the contrasts - contrasts in landscape, in popular tradition, in health and in wealth, in national achievement, in social organization.

There is a richness of experience here that is perhaps unmatched in any of the WHO regions and that is undoubtedly a resource of great potential if it can be properly exploited. Yet the diversity will serve little purpose if each country works in isolation. In the field of health we have long known that isolation by itself affords but poor protection. The same is now increasingly seen to be true in other fields. Through the exchange of information and ideas, and the pooling of resources both intellectual and material, the diversity can be made to bear fruit, not so as eventually to abolish the diversity through some long-term levelling-out process, but so that each Member may progress along his chosen path by deriving benefit from what is best in the community of Members.

WHO as a neutral international agency is in a good position to assist in this fertilization process through which the Region becomes more than just the sum of its parts. Yet WHO must play a role greater than that of a mere facilitating mechanism, a politically uncommitted go-between. If we are to move towards our objective - the attainment by all peoples of the highest possible level of health - then the Organization must have the full participation, the moral support, and the constant challenge of Member States.

I am thinking here also of the rich countries who are easily tempted to believe that national advantage can best be pursued through their own channels for socio-economic aid. There certainly are many examples of effective achievement through bilateral aid which deserve high praise, but the promise of the multilateral approach is undoubtedly greater because of its neutrality, its acceptability, its replacement of the donor-recipient relationship by an active partnership, the broader spectrum of experience on which it can draw, and the greater freedom it allows for the development of national self-reliance. To fulfil this promise is a permanent challenge to the international agencies, a challenge of which we are very conscious in WHO.
In this context a special word of appreciation must go to our host country thanks to whose generous invitation we are gathered here today. New Zealand has been with WHO right from the start. The country took part in the International Health Conference in New York in 1946, which drew up the WHO Constitution. That same year, as one of the very first States to do so, New Zealand ratified our Constitution. The active role it has played ever since in WHO is illustrated by the fact that this is the second time the Regional Committee is invited to New Zealand, where it met in 1961 under the Chairmanship of Dr H.B. Turbott who, as you know, played a prominent part in the affairs of WHO also as President of the World Health Assembly and as Chairman of the Executive Board. New Zealand's staunch support for the cause of international cooperation is witnessed here today by the presence of the Honourable Norman Kirk, Prime Minister and Minister of Foreign Affairs.

New Zealand has a high level of social and economic development. It takes its role in the community of nations very seriously and has a highly constructive attitude to international aid. The Prime Minister has reaffirmed his Government's policy of raising the country's level of aid to 0.7 per cent. of the gross national product. Beyond that, the Government intends to play its part in leading New Zealand to the goal of one per cent. of GNP in total resource transfers, that is with the cooperation of the public and the private business community. This is a most laudatory aim. The multilateral sector is to absorb 30 per cent. of total aid. In view of all that New Zealand has already done for health, I am sure that in this enlarged aid programme, health work will not be neglected.

To close my address, Mr Chairman, I cannot do better than to quote from the Prime Minister's speech when he outlined these great plans earlier this year before the New Zealand United Nations Association:

"I see an investment of some of our material wealth now as a means of helping to safeguard the future for that greater treasure - our human treasure - those who follow after us. This is an investment in justice, in people.

In those terms we cannot afford not to give more aid".

I thank you.
ADDRESS BY THE HONOURABLE R.J. TIZARD, MINISTER OF HEALTH

I want to join with the Prime minister in welcoming you all to New Zealand and like him I extend a special welcome to the delegation from the People's Republic of China. It is a source of great satisfaction to all the members of this Region that this great country has taken its place within this organization.

As hosts to this meeting, it has been our pleasure to do all we could to provide the facilities to make it both pleasant and profitable but I would ask you to remember that this is Wellington and it is winter and despite all the Government does and the success it has had in controlling events, Wellington and winter are two of the few things we have not had much success with yet. So if it rains while you are here and makes conditions outside unpleasant, you will, I hope, forgive our satisfaction. We have got our Minister of Electricity sitting in the gallery and he is praying for rain. They say it is frequency rather than vehemence that counts. He has not been doing very well so far but it is looking a little better at the moment. We need it to keep our lakes full and to get our hydro-electric power plants turning.

But as Minister of Health, I have looked through your agenda with special interest because that is work that is going to go on here in the conference hall and I have noted particularly the subject of your technical discussions. I do not want to anticipate these but I must say that for New Zealand certainly the role of the hospital within the community and the financing of hospital medical care represent lively and timely problems not only for the medical profession but also for me and for my political colleagues.

We have had some very interesting discussions with Dr Mahler already on the way in which the medical budget is assuming such vast importance in the so-called advanced countries and it indicates the importance that it has and must assume for the countries which we class as developing so I am going to look forward with expectation to studying the report which will come from your discussion. It is going to have real meaning for us too.

I must refer to the celebrations to mark the 25th anniversary of the founding of the World Health Organization. They are going to take place this afternoon and I do not want to let pass this opportunity of paying my tribute to the work of the Organization.
Over 25 years now WHO has had spectacular successes. I think immediately of such mammoth programmes as those to eradicate malaria and smallpox but for the Member States it is much more than that. It has meant the transition from conditions of suffering to conditions that are tolerable and then of course we want to go on from conditions which are tolerable to those which are acceptable and desirable. But I think unnoticed to some extent has been the most impressive and long lasting achievement of WHO in the field of education and the dissemination of information. It is one thing for the medical profession and the specialists in the field of medicine to know what is needed but to get it out to all people is even more significant and much more important.

When I talk of education, I mean in the very broadest sense of making people and governments aware of problems and what can be done to solve them, and, by this education changing attitudes from acceptance to action because that is really the role that this conference has. You know the facts; now you have got to get acceptance of what needs to be done and the action by governments on what you decide.

We recognize of course that in New Zealand we live in a fortunate land. War has not devastated us. We have not been afflicted by such scourges as malaria. I pricked up my ears and asked questions last week. We discovered one case of leprosy in a New Zealand city - an immigrant, yes - but it shows the state we have been able to reach when that just one case demands an urgent inquiry. But we battle against new health problems being created by man and I am sure that many of the delegations here today are facing the same problem. We have come some distance down the road to overcoming some of our problems and we find new ones coming in.

In this country it is the increasing toll from road accidents. I would have an easy life in the hospital field if we could do something effective about road accidents. The adverse effects on health from pollution and some of the delegates here know far more about that than we do in this country. The problems arising from the abuse of drugs, and our good fortune must mean too on the other hand, that we have a greater responsibility to do more to help those who are less fortunate. I think those are the problems that are increasingly coming before this organization.

Within the framework of your WHO activities we have concentrated on making our skills available - by providing consultants for special projects and, more particularly, by providing training facilities within New Zealand for WHO fellowships. I hope our contribution has been worthwhile. What I can state categorically is the benefit that we as a country have received from sending our own health workers overseas with the aid of WHO fellowships to observe how others tackle their problems. It is the interchange of ideas; even the most advanced countries can benefit by the interchange of ideas and the study of techniques.
Now at the conclusion of this meeting we have arranged a short tour of the North Island to show you something of our health services and the beauty of our countryside. We realise how limited and how valuable your time is but we do hope that as many as possible of you will join in the tour for we would like you to know more of New Zealand than the journey between this hall and your hotel and I can assure you that you will be made welcome. You need have no reservation about speaking to people, meeting them, trying to understand something of their outlook. There will be no reservations among New Zealand people if you seek information or assistance from them. I do hope you can take advantage of this trip.

While this is a meeting of the World Health Organization, may I, in conclusion, also welcome the representatives of the organizations who are here as observers. We know that they have their special problems but we want to make them welcome and assure them of our interest and our continuing support.

The promotion and preservation of health is a complex matter which has spawned a wide range of professional and specialized organizations which enrich and support official services. Their importance in the totality of health services is vital and the presence of some of them at this meeting is heartening.

So in conclusion, I wish you all a happy, memorable and useful stay in New Zealand and a safe return to your homelands.