MINUTES OF THE FIRST MEETING

Queen Margaret College
Thursday, 31 August 1961 at 9.30 a.m.

CHAIRMAN: Dr E. VALENCE (Vice-Chairman)

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First Meeting
Thursday, 31 August 1961 at 9.30 a.m.

PRESENT

I Representatives of Member States

AUSTRALIA
Dr H.E. Downes
Mr R. Harris

CAMBODIA
Dr Thor Peng Thong
Mr Sum-Vadhanayu

CHINA
Dr C.K. Chang

FRANCE
Médecin-Colonel L. Caillard

JAPAN
Dr N. Nagatomo
Mr K. Watanabe
Mr H. Ando

KOREA
Dr S.W. Yun

MALAYA
Dr W.J. Jesudason
Inche Tbrahim bin Haji Yasin

NETHERLANDS
Dr O.J.M. Kranendonk

NEW ZEALAND
Dr D.P. Kennedy
Dr J.C. Thieme
Colonel J. Ferris Fuller

PHILIPPINES
Dr E. Valencia
Dr E.L. Villegas
Dr E. Sison

UNITED KINGDOM
Dr P.W. Dill-Russell
Dr Abdul Wahab bin Md. Ariff
Dr D.A. Baird
Mr W.H. Burndred
Dr L.J. Clapham
Mr D.M. Ellerton
Mr Kwong Sea Yoong

UNITED STATES OF AMERICA
Dr A.S. Osborne
Dr J.E. Kennedy

VIET NAM
Dr Le-Cuu-Truong
## II  Representatives of the United Nations and Specialized Agencies

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<tr>
<th>Organization</th>
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<tr>
<td>UNITED NATIONS</td>
<td>Mr G. Bartels</td>
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## III  Representatives of other inter-governmental organizations and of non-governmental organizations

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<tr>
<td>INTERNATIONAL COMMITTEE OF CATHOLIC NURSES</td>
<td>Miss N.P. Fitzgibbon</td>
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<td>INTERNATIONAL COUNCIL OF NURSES</td>
<td>Miss F.J. Cameron</td>
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<td>INTERNATIONAL DENTAL FEDERATION</td>
<td>Sir John P. Walsh</td>
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<td>INTERNATIONAL SOCIETY FOR THE REHABILITATION OF THE DISABLED</td>
<td>Mr P. Carroll</td>
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<td>Dr C.N. Derek Taylor</td>
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<td>LEAGUE OF RED CROSS SOCIETIES</td>
<td>Mr M.S. Galloway</td>
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<td>SOUTH PACIFIC COMMISSION</td>
<td>Dr W. Norman-Taylor</td>
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<td>WORLD CONFEDERATION FOR PHYSICAL THERAPY</td>
<td>Miss J.C. McGrath</td>
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<td>WORLD FEDERATION FOR MENTAL HEALTH</td>
<td>Dr A. Stoller</td>
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<td>WORLD FEDERATION OF OCCUPATIONAL THERAPISTS</td>
<td>Miss F. Rutherford</td>
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<td>WORLD FEDERATION OF UNITED NATIONS ASSOCIATION</td>
<td>Dr A.A. Tennent</td>
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<td>Sir John P. Walsh</td>
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## IV  WHO Secretariat

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<tr>
<td>REPRESENTATIVE OF THE DIRECTOR-GENERAL</td>
<td>Dr P.M. Kaul</td>
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<td>SECRETARY</td>
<td>Assistant Director-General</td>
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<td>Dr I.C. Fang</td>
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<td>Regional Director</td>
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1 OPENING CEREMONIES

1.1 Address by the Right Honourable the Prime Minister, Mr K.J. Holyoake

The twelfth session of the Regional Committee for the Western Pacific was formally opened at the Queen Margaret College by the Right Honourable the Prime Minister, Mr K.J. Holyoake. The Honourable the Minister of Health, Mr N.L. Shelton was also present. The Prime Minister was introduced by Dr D.P. Kennedy, Director, Division of Public Health, Department of Health.

In his opening speech, the Prime Minister, on behalf of the New Zealand Government, extended a warm welcome to government representatives, to Dr Kaul, Dr Fang and the other members of the WHO Secretariat and to the representatives from non-governmental organizations.

New Zealand had a high regard for the work of the World Health Organization. The provision of adequate national health services had occupied a prominent place in the development of its public policies, and this had heightened its appreciation of WHO's contribution to raising international health standards. Health problems were not limited by national frontiers. Disease afflicting one state was a problem for all its neighbours. Countries had come to see health as very much a regional as well as a national problem and for this reason WHO was based on a regional structure. New Zealand was proud to belong to the Western Pacific Region which comprised fourteen other members.

The achievements in the field of health during the past few decades, stimulated by a gratifying measure of international co-operation, had been very great. But it was sobering to reflect how much must still be done to provide satisfactory living standards for over half of mankind.

The Prime Minister then referred to the Freedom from Hunger Campaign Committee which was part of a broad international endeavour under the
leadership of FAO to increase world food production and consumption. The problem of hunger faced today was grave enough. But it would be compounded by the staggering increase in world population, which by the year 2000 might be double its present size. It was essential to ensure that the achievements of medical science were not nullified by a lack of comparable progress in world food production and distribution.

Nature had blessed New Zealand with a kindly climate; creatures such as those which transmit malaria and yaws were not found there; nor were the serious deficiency diseases unfortunately so prevalent in some other countries of the Region. His country was, nonetheless, deeply impressed by the success that had been achieved with the help of WHO in attacking some of these widespread scourges.

In countries like New Zealand, in which infant mortality was low and life expectancy relatively high, there were of course other problems such as those of the degenerative diseases. These were fields in which they expected to be able to gain directly from the work done in WHO. However, such direct benefits were not counted the principal objective of WHO membership. New Zealand had been glad, within the limits of its resources, to make its own experience available to those countries which might value it. There had been a steady increase in the number of WHO fellows coming to New Zealand to pursue their studies. Under the Colombo Plan assistance had been given to the health field, some of it to countries represented at this meeting. What had been given in this way had been more than returned through the consequent broadening of knowledge.

The Prime Minister then referred to the fact that for the first time, a Western Samoan was attending a WHO meeting. Western Samoa was on the threshold of independence. She would have her problems, as all countries have. But already her leaders were grappling with those problems and
enlisting the entire energies of the Samoan people to deal with them in a way that no outside administering authority ever could. New Zealand was very proud to have had a part in this liberation of the full energies of a great people. In approaching their health problems, the Samoans would, he was sure, receive the willing help of WHO in the future as in the past. In welcoming Dr Thieme to this meeting he wished to assure him of New Zealand's sympathetic support for their programme of public health.

New Zealand's association with WHO had been a long and fruitful one. The honour which was done to New Zealand when its delegate, Dr Turbott, was elected President of the 1960 World Health Assembly was warmly welcomed in this country. His country had been honoured again that the Regional Committee should have decided this year to accept its invitation to meet in Wellington.

In closing he wished all an enjoyable and successful meeting. (For full text, see Annex 1.)

2 MESSAGE FROM THE DIRECTOR-GENERAL: Item 2 of the Provisional Agenda

Dr KAUL, Assistant Director-General, thanked the Prime Minister for honouring this occasion by his presence and for the inspiring address he had delivered. He also thanked the Government of New Zealand for the hospitality it had offered and for the excellent arrangements made and the facilities provided for the work of the Regional Committee.

The World Health Organization today had a world-wide membership of 109 Members and Associate Members. Emerging new States would, no doubt, be welcome into the World Health Organization in due course, thus enlarging the membership further. The Organization must, therefore, possess vigour and resources to respond adequately to the demands placed on it. The successful achievement of the role of the Organization was dependent upon the co-operation,
collaboration and contribution of the Member States. New Zealand had played its part effectively in promoting the work of the Organization, and the facilities provided by New Zealand for the training of personnel from the less developed countries were most valuable and greatly appreciated. The highly developed dental health services in this country had enabled two international seminars on dental health to be convened by the Organization in New Zealand in recent years.

Dr Kaul then thanked the Government of New Zealand for making voluntary financial contributions in 1959 and 1960 to the Malaria Eradication Special Account to assist in the implementation of the global malaria eradication programme which was making steady progress all over the world. Given continued resources, the Organization was optimistic that there would be gradual elimination of malaria in the near future from most parts of the world, except Africa, where eradication programmes would take some time to organize. The Director-General hoped that the Government would continue to make voluntary contributions to the Malaria Eradication Special Account as in the past.

The Prime Minister had referred to the problems of the degenerative and cardiovascular diseases in economically advanced countries. The knowledge concerning the development, treatment and prevention of such diseases was still inadequate. The Organization had initiated some important collaborative research work in the field of chronic diseases which, it was hoped, would give some useful pointers for the handling of these problems.

In conclusion, Dr Kaul referred to the personal contribution which Dr Turbott, the Director-General of Health Services, had brought to the work of the Thirteenth World Health Assembly as the President for 1960. The Organization was grateful
to him for the great personal interest he had taken in organizing the facilities for the Regional Committee meeting in Wellington. (For full text, see Annex 2.)

With the completion of the opening ceremonies, the Committee adjourned for a short intermission.

3 ADDRESS BY RETIRING CHAIRMAN: Item 1 of the Provisional Agenda

In the absence of Dr LEE, retiring Chairman, and Dr TEN, retiring Vice-Chairman, the speech of the retiring Chairman was read by Dr FANG (Regional Director), Secretary.

Dr Lee regretted that he was unable to be present at the twelfth session of the Committee but extended his sincerest and warmest wishes for a successful meeting. He formally expressed the appreciation of the Committee to the health authorities of Singapore and Malaya for having invited representatives to observe their health programmes following the last meeting of the Committee and for the gracious hospitality accorded the group. Dr Lee then referred to the leadership in health shown by New Zealand, particularly that of the Director-General of Health, Dr H.B. Turbott, who had been active in WHO for many years and was an outstanding President of the Thirteenth World Health Assembly. The New Zealand health services had often been used as examples of what could be done in the prevention of disease and promotion of health with good leadership and an understanding government and people. The choice of dental health as the subject for this year's Technical Discussions was an excellent one because of the unusual and outstanding dental health programme which had been developed in New Zealand. In closing Dr Lee expressed his gratitude and appreciation to the representatives, the Regional Director
and the staff of the Regional Office for the support and assistance given him. (For full text, see Annex 3.)

4 ELECTION OF NEW OFFICERS: Item 3 of the Provisional Agenda

Dr VALENCIA (Philippines) nominated Dr Turbott (New Zealand) as Chairman; this was seconded by Dr DOWNES (Australia).

**Decision:** Dr Turbott was elected unanimously.

Dr CHANG (China) nominated Dr Valencia (Philippines) as Vice-Chairman; this was seconded by Dr JESUDASON (Malaya).

**Decision:** Dr Valencia was elected unanimously.

In accepting the position of Vice-Chairman, Dr VALENCIA stated that the Committee had once more accorded his country and himself distinct honour. He expressed pleasure in accepting the vice-chairmanship of the twelfth session of the WHO Regional Committee for the Western Pacific and looked forward to successful and fruitful deliberations.

Dr NAGATOMO (Japan) nominated Dr Yun (Korea) as Rapporteur for the English language; this was seconded by Dr OSBORNE (United States of America) and Dr TRUONG (Viet Nam).

Dr DILL-RUSSELL (United Kingdom) nominated Médecin-Colonel Caillard (France) as Rapporteur for the French language; this was seconded by Dr IBRAHIM (Malaya).

**Decision:** Dr Yun and Dr Caillard were unanimously elected Rapporteurs.
In the absence of the Chairman, Dr Valencia, Vice-Chairman, took the Chair.

5 ADDRESS BY INCOMING CHAIRMAN: Item 4 of the Provisional Agenda

The VICE-CHAIRMAN expressed regret that the Chairman could not be present at this session and his address would, therefore, have to be deferred to a later date. (See minutes of the second meeting, section 1.)

6 ADOPTION OF THE PROVISIONAL AND SUPPLEMENTARY AGENDA: Item 5 of the Provisional Agenda (Documents WP/RC12/1 and Add.1)

The VICE-CHAIRMAN moved the adoption of the provisional and supplementary agenda.

This was seconded by Dr DILL-RUSSELL (United Kingdom).

Decision: The agenda (document WP/RC12/1), including one supplementary item (document WP/RC12/1 Add.1), was adopted.

7 STATEMENT BY THE CHAIRMAN OF THE TECHNICAL DISCUSSIONS: Item 6.1 of the Agenda

In accordance with the resolution adopted by the Regional Committee at its eleventh session, the Regional Director, in consultation with the Chairman of the Regional Committee, had selected Colonel J. Ferris Fuller, Director of Dental Services, New Zealand Navy, Army and Air Forces, and Chairman of the Dental Research Committee of the Medical Research Council of New Zealand, as Chairman of the Technical Discussions.

At the request of the Chairman, Colonel FULLER (New Zealand), Chairman of the Technical Discussions, presented the proposed arrangements for this
year's Technical Discussions. As already known, the theme was "Dental Health", which had been selected by the Regional Committee at its eleventh session.

Three sessions had been set aside for the discussions, Saturday morning, Monday morning and afternoon. In addition, there would be a special session on fluoridation at the Hutt City fluoridation plant on Sunday morning. Because of the specialized nature of the subject and in order to make use of the collective talent, experience and wisdom available, it was proposed that all discussions should take place in plenary session.

The general theme had been divided into two main subjects: (1) the significance and importance of dental disease with special reference to the problems of the Western Pacific Region which would be discussed at the first session, and (2) the principles in the organization and administration of a dental health service and the use of trained personnel, including dental auxiliaries, to be taken up at the second session. Working papers had been prepared by selected authors which provided background information for these main topics; these had been distributed to the Committee. It was proposed that each topic would be presented by a panel of three speakers, and a free and general discussion would follow. To assist members, guidelines had been prepared and panel speakers had prepared their subject material more or less in accordance with these guidelines so that the whole programme was reasonably integrated.

The third and final session on Monday afternoon would be a general session, during which the ideas presented and discussed would be consolidated and recommendations drafted and agreed upon. The Technical Discussions would be evaluated and, finally, the proposed topic for next year's Technical Discussions would be considered. The details of the Technical Discussions programme were given in documents WP/RC12/TD7, WP/RC12/TD8 and WP/RC12/TD9, and alternative suggestions for topics for next year's Technical Discussions
were indicated in document WP/Rc12/TD10. (For consideration of report on Technical Discussions, see minutes of the fourth meeting, section 4.)

8 ACCEPTANCE OF THE PROGRAMME FOR TECHNICAL DISCUSSIONS: Item 6.2 of the Agenda (Document WP/Rc12/TD7)

The VICE-CHAIRMAN referred to the programme of the Technical Discussions, already explained by the Chairman of the Technical Discussions, and invited the Committee to comment on it.

Decision: The programme for the Technical Discussions (document WP/Rc12/TD7) was accepted.

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

In accordance with the principle of rotation, it was agreed that the membership should be composed of representatives from Cambodia, China, Japan, Malaya, New Zealand (Chairman), Philippines, the United Kingdom and Viet Nam. It was also agreed that the Sub-Committee would meet at 2.30 p.m. on the same day, and that, if necessary, discussions would continue on the afternoon of Saturday, 2 September. (For consideration of report of the Sub-Committee, see minutes of the fourth meeting, section 2.)

10 ACKNOWLEDGEMENT BY THE CHAIRMAN OF BRIEF REPORTS RECEIVED FROM GOVERNMENTS ON THE PROGRESS OF THEIR HEALTH ACTIVITIES: Item 8 of the Agenda

The VICE-CHAIRMAN stated that progress reports on health activities had been received from: Brunei, Cambodia, China (Taiwan), Fiji, Hong Kong, Japan, Korea, Malaya, Netherlands New Guinea, New Zealand, North Borneo, Philippines, Trust Territory of the Pacific Islands and Viet Nam.

In addition Dr BAIRD (United Kingdom) presented to the Committee the 1960
Annual Report of Sarawak. (For additional reports acknowledged, see minutes of the second and fourth meetings, sections 6 and 7 respectively.)

11 STATEMENTS BY REPRESENTATIVES OF THE UNITED NATIONS, THE SPECIALIZED AGENCIES AND THE SOUTH PACIFIC COMMISSION: Item 9 of the Agenda

11.1 Representative of the United Nations and the United Nations Children's Fund

Mr BARTELS (United Nations and UNICEF) stated that this was the first WHO Regional Committee Meeting which he had had the opportunity to attend. Although his office in Australia had little direct connection with programmes, he and his staff had considerable personal and official contact with WHO staff, particularly the WHO Area Representative, with whom they enjoyed a happy relationship.

Mr Bartels extended the greetings and best wishes of the Secretary-General of the United Nations and the Executive Director of UNICEF whom he was very pleased to represent. Excellent co-operation existed between the WHO Regional Office and the UNICEF offices in Asia and the South-West Pacific, and there was every reason to believe that this co-operation would continue as their work progressed and expanded in the future.

11.2 Representative of the South Pacific Commission (SPC)

Dr NORMAN-TAYLOR presented a statement on behalf of the Secretary-General of the South Pacific Commission who wished to thank the World Health Organization for the invitation to be present at the twelfth session of the Regional Committee.

The South Pacific was a relatively small region within a much larger whole encompassed by the Western Pacific, but the aims and objectives of the two Organizations were the same. The Commission represented the interests of
the people of the South Pacific in those matters related to the advancement of their social and economic welfare. Little advancement was possible without improvement in their health status and for this reason the Commission had always given high priority to activities related to health and was always glad of the opportunity of collaborating with the World Health Organization in all endeavours with this end in view.

Two aspects of health work in particular had been stressed in the Commission's activities. These were health education of the public and the training of indigenous personnel for auxiliary health work. It was felt that these were basic for health advancement at the community level. Unless the public were fully involved in responsibility for its own health, then little permanent progress was possible. Similarly no health activities could be firmly established unless there were trained local staff to man them in the future. Health education and health training were essential adjuncts to progress in health and these were two fields where the Commission could supplement and reinforce the work of the World Health Organization in the South Pacific area. The Commission could also act as a co-ordinating focus for inter-territorial projects in the area, thus helping the World Health Organization to carry out its programmes on a regional or sub-regional scale.

Dr Norman-Taylor then expressed his own personal appreciation of the privilege of being able to attend this meeting and of the opportunity it afforded him to meet members of the WHO Secretariat. As the Regional Director had mentioned in his annual report there was a happy degree of mutual co-operation between the South Pacific Commission and the World Health Organization. One of the ways in which this co-operation took place was attendance at each other's meetings. He regretted that he would be unable to remain for the Technical Discussions. Dental health was a subject to
which increasing attention was being given. The South Pacific Commission had
sponsored two investigations in this field in recent years, one in American
Samoa in 1954 and one this year, covering several of the Polynesian territories,
conducted by Mr Cadell of the New Zealand Medical Research Council who was
also present.

Dr Norman-Taylor then referred to one way in which the Commission was
assisting WHO; this was in connection with the malaria campaign in the Solomon
Islands. One of the government commitments was to undertake the necessary
health education to go with the malaria campaign. The South Pacific Commission
was helping the Government with this, and so, indirectly, helping WHO.

12 STATEMENTS BY REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS IN
OFFICIAL RELATIONS WITH WHO: Item 18 of the Agenda

12.1 Representative of the International Dental Federation and the World
Federation of the United Nations Associations

Sir JOHN WALSH stated that he was happy to note that the Technical
Discussions of this year's meeting would be on the subject of dental health.
He had taken part as consultant in two WHO seminars on dental health held in
New Zealand in 1954 and in Australia in 1959. He was, however, disappointed
that so much work and so many sound recommendations had not yet received
adequate recognition from the countries of this and other regions. The
International Dental Federation was deeply concerned with the need to raise
dental health standards throughout the world, and one of its greatest hopes
had been realized in 1955 by the appointment of a dental health officer at
WHO headquarters. He felt, however, that dental health officers should also
be attached to the regional offices. He referred to the statement made at
the meeting of the Regional Committee in 1960 by Dr A.L. Zarate, who had
emphasized the urgent need for the creation of a survey team composed of
trained dentists to gather data on the existing conditions of dental health in this region. If these two proposals could become a reality during the twelfth session of the Regional Committee, the meeting would be looked on as a historical milestone in the history of dental health in the Western Pacific.

Dr Walsh also presented greetings on behalf of the World Federation of the United Nations Associations which he was also representing.

12.2 Representative of the World Federation for Mental Health

Dr Stoller stated that the work of the World Federation for Mental Health had been making steady progress although advances were modest because of difficulties in finding funds to maintain its work and to meet the many requests from countries all over the world for help of different kinds. It had, however, recently been encouraged by support from two new sources—the Gulbenkian Foundation in Portugal and the Ministry of Health in Kuwait.

The first World Mental Health Year had just closed at the International Congress on Mental Health in Paris and the special reports about the activities which had been prepared for the Congress were available for anyone in the Regional Committee who would like to see them.

World Mental Health Year was a venture of faith, but it was clearly an idea which made a considerable appeal to people in many countries. During 1959 and 1960 the national programmes which the Federation had suggested should be thought out and developed, had produced well over 400 new projects, either in the field of research or education or promotional activities. Following discussions at the Congress, many of these projects would be a source of stimulation between one country and another and would be continued and developed.

The Federation had planned a programme of international activity extending
over four years in six major fields, but unfortunately was not able to find the funds to make this possible. Voluntary work could only go a certain distance. As and when it became possible to carry on with these plans, the Federation would, of course, do so. Close contact was maintained with the mental health section of WHO in Geneva and with the mental health advisers in the three Regions where they were now established - Europe, the Eastern Mediterranean and the Americas. The Federation had great admiration for the work which WHO had done both centrally and in the Regions and there had been very little overlap between the activities of the two organizations.

Increasingly, there had come the realization that the pursuit of health needed the skills and the work of an inter-professional team and that this must obviously apply in the field of mental health as indeed of mental illness. One of the Federation's main objectives, therefore, had been to try to strengthen the links between the voluntary effort of professionals and non-professionals in different countries and the government departments, so that by their combined work greater progress could be made in tackling these problems, which were certainly becoming much more obvious as a result of rapid change, industrialization and urbanization.

The Federation was well aware of the many health problems of the world and had at no time visualized the creation of a vast mental health organization. As privileged observers, however, it felt that work for better mental health - in its wide aspects - should have more budgetary support within WHO whose Constitution dedicated it to "physical, mental and social well-being".

12.3 Representative of the International Council of Nurses

Miss CAMERON stated that the International Council of Nurses existed for the purpose of maintaining the highest standards of nursing service in the
countries in membership with it, and in assisting those countries not yet in membership to obtain these standards. It also endeavoured to promote a spirit of friendliness among the nurses of the world and thus play its part in the total contribution of the efforts to world peace.

The Council was indebted to WHO for the valuable assistance it had given to countries in the development of their nursing services and for the information it had made available through the reports of its Expert Committee on Nursing. The technical assistance given in the development of nursing programmes over the past ten years had enabled these countries to become members of the Council. The advice and guidance in the reports of the Committees had assisted other countries to provide a more efficient and more effective nursing service. Anything that contributed to the exchange of creative ideas across boundary lines contributed to the welfare of mankind, and nursing was, therefore, grateful to WHO for all that it had done and for its recognition of nurses as important members of the health team.

Nursing today was facing one of the most crucial periods of its existence. The demand for qualified nurses in all fields of nursing was expanding faster than its recruitment programmes could be expected to supply. The function of the nurse had changed. No longer could this function be interpreted in the narrow sense. It must be broadened so that the education of the nurse for the future must be planned in such a way that she was provided with the necessary equipment to undertake the added responsibilities that she was being called on to accept.

It was through participation in discussions of this kind that nurses were assisted to undertake the research needed in order to give the service that was required of them and to develop the insight necessary to keep pace with changes in an ever-changing world.
of course varying health problems. He drew attention to the International Conference on Health Education being held in Philadelphia early in July of next year. This conference was being sponsored by the International Union for Health Education in collaboration with the World Health Organization. He informed the Committee that literature explaining the conference would soon be distributed and asked representatives to ensure that their countries participated in what, in the words of the Director-General of the World Health Organization - "holds promise of becoming an important milestone in health progress". He also acknowledged the active professional support that the World Health Organization had given, not only in connection with this conference, but throughout the entire history of the International Union for Health Education.

The VICE-CHAIRMAN, thanked the representatives of the United Nations, UNICEF and the inter-governmental and non-governmental organizations for their interesting reports which he was sure would prove very helpful to all. (For additional statements made, see minutes of the third and fourth meeting, sections 5 and 3, respectively.)

13 ANNOUNCEMENT BY THE VICE-CHAIRMAN

The VICE-CHAIRMAN stated that the working hours would be from 9.00 a.m. to 12.30 p.m. and from 2.30 p.m. to 5.00 p.m.

The meeting adjourned at 11.30 a.m.
ADDRESS BY THE RIGHT HONOURABLE
THE PRIME MINISTER, MR K.J. HOLYOAKE

On behalf of the Government and people of New Zealand, I should like to extend a very warm welcome to the delegates of this regional committee meeting of the World Health Organization and especially to Dr Kaul who has come all the way from Geneva to be with us and to the Regional Director of Manila. A warm welcome also to all members of the World Health Organization secretariat and to the observers from non-governmental organizations.

May I also express greetings to the other representatives of the medical profession and members of the public who are attending the proceedings today.

We in New Zealand, the Government and people of New Zealand, have a high regard for the work of the World Health Organization. The provision of adequate national health services has occupied a prominent place in the development of our public policies. This has heightened our appreciation of WHO's contribution to raising international health standards. Health problems are not limited by national frontiers. Disease afflicting one state is a problem for all its neighbours, as a weed-infested garden menaces the tidy plots which surround it. Countries have come to see health as very much a regional as well as a national problem. For this reason WHO is based on a regional structure. The needs of each region are defined, and remedial programmes are planned and directed by regional organizations.

New Zealand is proud to belong to the Western Pacific Region which comprises some other fourteen countries and some others to be added. We are very proud to belong to the Region, including our new neighbours. We in New Zealand are of European stock. But particularly since World War II, we have been brought to a realization that the countries that we call the
Far East at one time following the custom of European countries, are very close neighbours. We welcome you in that respect. We are proud to belong to this regional area of the Organization.

I know that your deliberations during the next few days will provide a secure basis for the future operations of WHO in an area where so much has already been achieved.

The achievements in the field of health during the past few decades - stimulated by a gratifying measure of international co-operation have been very great. But it is sobering to remind and reflect ourselves how far we still must go in providing satisfactory living standards for over half of mankind.

Only yesterday I addressed the first meeting of our Freedom from Hunger Campaign Committee which as you will all know is part of a broad international endeavour under the leadership of FAO to increase world food production and consumption. The problem of hunger we face today is grave enough. But it will be compounded by the staggering increase in world population, which by the year 2000 may be double its present size. It is essential to ensure that the achievements of medical science are not nullified by a lack of comparable progress in world food production and distribution.

Nature has blessed New Zealand with a kindly climate; creatures such as those which transmit malaria and yaws are not found here; nor do we suffer from the serious deficiency diseases unfortunately so prevalent in some other countries of our Region. We are nonetheless deeply impressed by the success that has been achieved with the help of WHO in attacking some of these widespread scourges. For example, we are all aware of the heartening progress that has been made in the campaign of malaria eradication sponsored by WHO. In countries like New Zealand, in which infant mortality is low and life
expectancy is relatively high, there are of course other problems such as those of the degenerative diseases. Here are fields in which we expect to be able to gain directly from the work done in WHO.

But like other countries, we do not count such direct benefits the principal objective of our WHO membership. We have been glad, within the limits of our resources, to make our own experience available to those countries which might value it. I have noted with pleasure that there has been a steady increase in the number of WHO fellows coming to New Zealand to pursue their studies. Under the Colombo Plan we have also been able to give assistance in the health field, some of it to countries represented here today. May I assure them that what has been given in this way has been more than returned to us here in New Zealand through the consequent broadening of our own experience, our lives and most particularly our personal friendships. Although our training institutions are not limitless I should like to make it clear that we will continue to do what we can to make places available for trainees from other countries.

I hope that some of you will be able to observe our health services on the tour which will follow this meeting. I know that this will not be possible for all of you because of the pressing demands which are faced by your own health administrations. You will find in New Zealand a problem which is common to us all, that is a shortage of qualified medical staff - a shortage aggravated by the increasing complexity of medical science. This shortage exists at every level - doctors, nurses, public health engineers and inspectors and all ancillary workers.

We have found, as many of you must have done, that it is sometimes difficult to participate as often as one might wish in the excellent programme of meetings arranged by WHO. It is always difficult to balance
against the undeniable advantages of participation the losses sustained by releasing highly-qualified people from a small medical service of which they may form an indispensable part.

May I add, while speaking on this subject, how much my Government has appreciated the very real assistance which the New Zealand health administration, and also that of Western Samoa, has gained from the generous award of WHO fellowships.

With other international agencies WHO has recently received as members many new States, particularly from Africa. The membership of our own area, the Western Pacific, has been static for some years now. However, I should like to refer to a development which has given us particular pleasure. Today, for the first time, a Western Samoan, is attending a WHO meeting. Western Samoa is on the threshold of independence. She will have her problems, as all of us have. But already her leaders are grappling with those problems and enlisting the entire energies of the Samoan people to deal with them in a way that no outside administering authority ever can. We are very proud to have had a part in this liberation of the full energies of a great people. In approaching their health problems, the Samoans will I am sure receive the willing help of WHO in the future as in the past. In welcoming Dr Thieme to this meeting may I assure him of New Zealand's sympathetic support for their programme of public health.

New Zealand's association with WHO has been a long and fruitful one. The honour which was done to New Zealand when our delegate, Dr Turbott, was elected President of the 1960 World Health Assembly was warmly welcomed in this country. We have been honoured again that the Regional Committee should have decided this year to accept our invitation to meet in Wellington.

May I wish you all an enjoyable and successful meeting. I now have much pleasure in declaring your Regional Committee of the World Health Organization officially open.
ADDRESS OF DR P.M. KAUL
(Assistant Director-General)

I have the privilege and the pleasure to represent Dr Candau, the Director-General of the World Health Organization, at the opening of the twelfth session of the Regional Committee for the Western Pacific and in thanking you, Mr Prime Minister, for honouring this occasion by your presence and for the inspiring address you have just delivered.

I wish also, on behalf of the Organization, to thank the Government of New Zealand for the hospitality they have offered and for the excellent arrangements made and the facilities provided for the Regional Committee which ensure the success of this meeting.

The World Health Organization today has a world-wide membership of 109 Members and Associate Members. Emerging new States will, no doubt, be welcome into the World Health Organization in due course, thus enlarging the membership further. The Organization must, therefore, possess vigour and resources to respond adequately to the demands placed on it.

The successful achievement of the role of the Organization - to stimulate and assist in the improvement of the health of the peoples everywhere - is dependent upon the co-operation, the collaboration and the contribution of the Member States to the programmes of the Organization. I am happy to record here that New Zealand has played its part every effectively in promoting the work of WHO. As mentioned by you, Mr Prime Minister, the facilities provided by New Zealand for the training of personnel from the less developed countries are most valuable and appreciated by the fellows and by the countries receiving such assistance and by the Organization. The highly developed dental health services in this country enabled two international seminars on dental health
to be convened by the Organization in New Zealand in recent years.

I would wish further to thank the Government of New Zealand for making voluntary financial contributions in 1959 and 1960 to the Malaria Eradication Special Account to assist in the implementation of the global malaria eradication programme which is making steady progress all over the world. It is planned and expected that by 1962 the malaria eradication programme would have reached the final consolidation phase all over Europe. The programme is in the advanced stages of eradication in most parts of Latin America. In North Africa and large parts of Asia, good progress is being made. Given continued resources, the Organization is optimistic in the hope that there will be gradual elimination of malaria in the near future from most parts of the world, except Africa where eradication programmes will take some time to be organized. The Director-General hopes that the Government of New Zealand will continue to make voluntary contributions to the Malaria Eradication Special Account as generously as in the past.

Mr Prime Minister, you referred to the problems of advanced countries such as the degenerative diseases and the cancer and cardiovascular diseases. The knowledge concerning the development, treatment and prevention of such diseases as the cancer and cardiovascular diseases, which are taking such heavy toll, is still inadequate. The World Health Assembly in 1958 charged the Organization with the responsibility of developing an intensified research programme and provided additional funds for implementing such a programme. The Organization has been able to plan and initiate some important collaborative research work in the field of chronic diseases. This work we hope, will advance our knowledge and give us some useful pointers for the handling of these problems in the future.

Before I conclude, I would like to recall the personal contribution that
your distinguished Director-General of Health Services, Dr Turbott, made to the work of the Thirteenth World Health Assembly as the President for 1960. We are grateful to him for the great personal interest he has taken and the efforts he has made in organizing the facilities for the Regional Committee meeting here in the capital of New Zealand.
MINUTES OF THE FIRST MEETING

ANNEX 3

ADDRESS OF DR R.K.C. LEE
(Retiring Chairman)

Members of the Regional Committee, Dr Kaul, and guests:

I regret exceedingly that I am unable to be present to open this twelfth
session of the Regional Committee for the Western Pacific.

As your retiring Chairman, I extend to all of you sincerest and warmest
wishes for a successful meeting. Last year, the eleventh session of the
Regional Committee met in our Headquarter's office in Manila. We had a
fruitful meeting and our resolution that Dr I.C. Fang continue as Regional
Director of the Western Pacific was supported by the Director-General and the
Executive Board of the World Health Organization. Members of the Committee
enjoyed the hospitality and support of the Secretary of Health of the
Philippines, Dr Elpidio Valencia, and his staff. In addition, Members of the
Committee, after the meeting, continued on a study tour of Singapore and
Malaya. Although I was the Chief Representative of the United States and
Chairman of that Committee meeting, I was unable to make that study tour.
However, Dr Lloyd Florio, alternate, represented the United States and was
elected leader of the study group. In his report to our Government, he
expressed his appreciation for the opportunity to visit these two countries
and called attention to the congeniality of the group. His report indicated
a most profitable and interesting study tour which accomplished its purpose,
namely, to allow Member country representatives to obtain first hand knowledge
of the areas of this region and to exchange ideas on mutual problems of the
countries visited and the representatives profited from what they observed
and discussed.
I have had the privilege and opportunity to visit Singapore and Malaya several times previously and concur with Dr Florio’s impression of the excellent health services and medical facilities in these two countries. Dr Florio also mentioned in his report that the hospitality was superb. I want to take this opportunity to express the appreciation of the Committee for the privilege of having been invited to observe the health programmes of the Governments of Singapore and Malaya and for the gracious hospitality accorded the study group.

We are exceedingly fortunate in having been invited to hold the twelfth session in this beautiful country and in this wonderful city. New Zealand and its health services have been used as examples for many years by governments and health workers as to what can be done in the prevention of disease and promotion of health with good leadership and an understanding government and people. For a public health worker of over twenty-five years, I well remember looking to New Zealand’s maternal and infant mortality rates as a goal when I first started in this field with our health department.

Leadership in health in New Zealand, and particularly that of our host, the Director-General of Health, Dr H.B. Turbott, is internationally known. Dr Turbott has been active in WHO for years and was an outstanding president of the Thirteenth World Health Assembly. Only two health leaders of the Western Pacific have been elected to serve as leaders of the Assembly, Dr Juan Salcedo of the Philippines and Dr Harold Turbott. We of this region have been fortunate in having this outstanding and ardent supporter of international health serve as participant in meetings of the Regional Committee. Dr Turbott has also contributed greatly to the health advancement of the peoples of the island territories in the Pacific Basin through the South Pacific Commission.

Our Technical Discussions on dental health is another example of
New Zealand's outstanding health programme. As a member of last year's Technical Discussions, I strongly supported this subject because I was aware of the unusual and outstanding dental health programme that has been developed and established for the people of this country. Dental caries is one of the most common health problems of man and we representatives of our governments will learn a great deal from the accomplishments and services made in this country. I know that the technical discussions will give us an opportunity to exchange ideas and experiences on this important subject.

Finally, I would like to express gratitude and appreciation as your retiring Chairman to all the representatives of the Committee, as well as to the staff of the Regional Office and its Director, Dr I.C. Fang, for the support and assistance given me.

I extend good wishes and support to our new Chairman. Thank you all again.