V. ARTICLE 10: PROTECTION OF THE FAMILY, MOTHERS AND CHILDREN

A. Protection of the family

Principal laws

276. The principal laws concerned with the protection of the family are:

(a) The Family Protection Act 1955;

(b) The Marriage Act 1955;

(c) The Social Security Act 1966;

(d) The Children and Young Persons Act 1974 (until 1989);

(e) The Family Proceedings Act 1980;

(f) The Children, Young Persons and Their Families Act 1989.

General

277. The traditional values of marriage and family still find strong support in New Zealand. The law, however, has had to respond to social change and acknowledged cultural differentiation within New Zealand by adapting to a wider variety of family networks - for example, one-parent families, childless couples, and extended families.

278. One aim common to all family law legislation is to provide the best possible care and protection for children regardless of the relationship of their parents. Wherever possible, this care and protection is seen as best provided within the ambit of the family or family group situation.

279. During the period when children are young, a family may be entitled to certain advantages such as social security support for families to ease the pressure of economic need. Where specified criteria are met, various social benefits (described in more detail in the report under art. 9 and in following sections) are available.

1. Right to enter marriage freely

280. Reference may also be made to New Zealand's initial reports to the Human Rights Committee (relating to art. 23 of the International Covenant on Civil and Political Rights) and to the Committee on the Elimination of Discrimination against Women (relating to art. 16 of the International Convention on the Elimination of All Forms of Discrimination against Women). The right of women and men to marry derives from the common law. Absence of consent to marriage has always been grounds for voiding a marriage at common law in New Zealand and was incorporated into statute law in 1953. Under section 31 of the Family Proceedings Act 1980, a marriage is void ab initio where, at the time of the marriage, there was a lack of consent by either party because of duress, mistake, insanity or any other reason. Marriage procedure is governed by the Marriage Act 1955. The minimum legal age for marrying is 16 years for both partners, and the marriage of a minor requires the consent of a parent or guardian.

2. Measures to facilitate the establishment as well as maintain, strengthen and protect the family

281. While the measures described here do not have the explicit purpose of facilitating the establishment of a family, they are certainly aimed at easing additional economic and social pressures which may be faced by families.

282. The Department of Social Welfare has responsibility under the Children, Young Persons and Their Families Act 1989 to promote the establishment of services including social work services family support services, and community-based services. It is charged with the adoption of policies that are designed to provide assistance to children and young persons who lack adequate parental care or require protection from harm, or who need accommodation or social or recreational activities.

283. During the period under review, Government support for programmes run by voluntary welfare organizations has substantially increased, reflecting efforts to involve the community more in social welfare activities. Steps have also been taken to decentralize the administration of the Department of Social Welfare as part of this trend. Another important aspect of current policies is the wish to reduce institutional care for children (for whatever reason) to a minimum. This aspect is addressed further in the section relating to article 10 (section C) below.

284. Linked to all these issues is the development of a bicultural approach in all aspects of the Department's work. The basic principles for this approach were set down in "Puao-te-Ata-tu" (Daybreak), a 1986 ministerial committee report, to which reference has been made in the report under article 9. An important programme, developed jointly since 1981 by the former Department of Maori Affairs, the Department of Social Welfare, and the Department of Justice (supported also in a report of the Human Rights Commission) is Maatua Whangai (foster parenting), aimed at keeping young Maori out of Social Welfare institutions and assisting the whanau (family) to provide alternatives in family care.

285. Puao-te-Ata-tu provided guiding principles in the process of developing the new Children, Young Persons and Their Families Act 1989, which is also discussed further in section C below.

286. Two important activities of the Department of Social Welfare are the provision of social work and related services (particularly in respect of children, young persons and their families), and income support.

287. The provision of social work and related services constitutes a major part of the work of the Department. The Social Work Development Plan focuses the direction of social work services on those which recognize the social and cultural values of all cultural groups, especially Maori. The passing of the Children, Young Persons and Their Families Act has placed increasing responsibility on the Department to maintain children within their families, whanau and hapu (sub-tribe). Further detail on this aspect and on programmes to ensure that wherever possible, children are cared for within the family group, is set out under section C below.

288. The goals of the Income Support Programme are, among others, to prevent family breakdown and ensure strengthened family and whanau networks through income maintenance support; and to ensure that families, whanau, and individuals receiving social security benefits have a standard of living that allows full participation and a sense of belonging to the community. Services provided under this programme include:

(a) The Family Benefit (on which further information is provided in the report under art. 9): a universal benefit in recognition of the contribution of families to the care of children;

(b) Major Repairs Advances to Homes: financial assistance to social security beneficiaries who own their own homes, where essential repairs and maintenance are needed;

(c) Accommodation Benefit: income support to low income families (and individuals) to assist with high accommodation costs;

(d) Special Needs Grant: income support to low income families and individuals whose income is not sufficient to meet their essential commitments.

289. The Department of Social Welfare also administers a number of funding programmes through which financial support is provided to voluntary organizations and groups in the community for the provision of services. These programmes include:

(a) Child and Family Support Services Programme: funding assistance on a negotiated contract basis to organizations and bodies approved as Child and Family Support Services under the Children, Young Persons and Their Families Act. Such services are expected to be able to provide the full range of services from family preservation, substitute care, return to family and family reconstitution. They must also be able to undertake custodial and guardianship responsibilities with respect to children and young persons where necessary. As at June 1990, 43 such organizations had been approved as Child and Family Support Services;

(b) Family Services Programme: funding assistance to voluntary organizations operating community-based family support services. Targeted in particular are services to families where stress is severely affecting families' ability to provide for the well-being, care and protection of their children and young people;

(c) Home Help: a short-term financial support to people needing help in the home due to disability, infirmity, domestic emergency or multiple birth. Three thousand four hundred and twenty-five people were assisted during 1988;

(d) Childcare Subsidy: financial assistance to families unable to afford the full cost of child care. An income tested subsidy of up to $30 a week per child is payable towards the cost of care for pre-school children. In special circumstances the full cost of childcare can be paid, to prevent family breakdown. Five thousand and eighty one subsidies were paid in 1989;

(e) Homebuilders: funding assistance to voluntary community organizations contracted by the Department of Social Welfare to provide intensive home based support for families under stress. The object is to promote the ability of family groups to provide for the care of their children and young people. Administration for this programme was decentralized during 1988 to increase local community inputs into funding decisions.

(f) Budgeting Services Support Programme: funding assistance to voluntary organizations providing budgeting services in the community to people having financial difficulties. Such organizations generally use volunteers as budget advisers and expenses for these volunteers can be paid under the programme.

(g) Civil Defence: emergency welfare services to families and individuals in times of emergency or disaster. An example is the assistance provided following Cyclone Bola in May 1988, which caused widespread damage to the East Coast of the North Island of New Zealand. The assistance included the provision of additional income maintenance payments, counselling and social work services, budgeting services and other support for community-based services.

290. Further details of housing assistance programmes is provided in the report under article 11 (Right to an Adequate Standard of Living).

291. The Family Support Tax Credit and Guaranteed Minimum Family Income Schemes were introduced in 1986 to replace the Family Rebate which had previously been available through the income tax system. These schemes are designed to assist low-income families by providing regular financial assistance throughout the year rather than a lump sum payment at the end of each financial year, as had been the case with the previous rebate scheme. The Guaranteed Minimum Family Income Scheme is designed to ensure that an earner with dependent children will earn more in the workforce than he/she would on an unemployment benefit.

292. The entitlements are paid out in equal amounts to each spouse by one of three methods:

(a) By reducing tax deducted from a person's wages and thereby increasing the take-home pay;

(b) As a social welfare benefit or an increase to an existing benefit, administered through the Income Support Programme of the Department of Social Welfare;

(c) As an income tax credit at the end of the Financial Year.

293. Families with children for whom Family Benefit is payable, and whose combined income is below a certain level (e.g. $26,000 for families with one child), are eligible for the additional income from these two schemes. The Family Support Entitlement is $1,872 for the first child and $832 for each additional child. The Guaranteed Minimum Family Income Scheme ensures that a family's net income is at least $15,228 per annum.

Childcare institutions

294. Early childhood care and education is provided through a range of services, the main organizations being the New Zealand Free Kindergarten Union and the New Zealand Playcentre Federation. Nga Kohanga Reo ("Language Nests") were established by Maori to provide an educational environment in which children can learn Maori language and Maori cultural values, and their numbers have grown considerably in recent years. Other childcare centres are administered by community and church groups, voluntary agencies and private and commercial operators. Government funding assistance is available through the Ministry of Education or in the case of the kohanga reo, through the National Te Kohanga Reo Trust.

295. As part of the major changes to education policy in recent years (on which further information is provided in the report under art. 13, Right to Education), all early childhood centres wishing to receive Government funding from mid-1990 must negotiate a charter with the Ministry of Education and must meet minimum standards. Funding rates effective from early 1990 are $2.85 per hour per child for up to six hours a day for free kindergartens, and $2.25 per hour per child for up to six hours a day or 30 hours a week for all other services. It is envisaged that funding rates will be standardized by 1994 at the projected kindergarten rate of $3.30 per child per hour.

296. Based on a recommendation of the Meade Report, prepared by the Working Group on Early Childhood Care and Education convened during 1988/89, the Early Childhood Development Unit was established in the Ministry of Education in 1989 to provide liaison and coordination for all early childhood education services. It provides in-service training and education across all areas of early childhood and gives support and advice to families, service organizations and community groups interested in providing early childhood care and education.

B. Maternity protection

Principal laws

297. The principal laws concerned with maternity protection are:

(a) The Social Security Act 1964 and amendments;

(b) The Nurses Act 1977;

(c) The Maternity Leave and Employment Protection Act 1980 (until 1987);

(d) The Parental Leave and Employment Protection Act 1987;

(e) The Obstetric Regulations 1986.

1. Pre-natal and post-natal protection and assistance

298. Under the Social Security Act 1964 (Part II, section 88), all women have free access to medical care during pregnancy, childbirth and for six weeks post-natally. A schedule of maternity benefits for medical practitioners is defined. On initial contact with a medical practitioner, women are encouraged to use one of the ante-natal services available in their area to prepare for

childbirth and the subsequent care of their baby. A book produced by the Department of Health is available to all pregnant women and provides information on health care and resources with the aim of enabling women to choose those most appropriate to them.

299. Pre-natal protection and assistance is available from medical practitioners, registered midwives (both at home and in hospitals), parent centres, and the Homebirth Association. Many public hospitals with maternity wards also run ante-natal classes. Post-natal care is provided by public and district health nurses, Royal New Zealand Plunket Society nurses, La Leche League, new mothers' support groups, general practitioners and paediatricians.

300. The Obstetric Regulations set out requirements for care provided to pregnant women and their babies in hospitals or birthing units. Minimum standards of hygiene, staffing and accommodation are stated, as well as the responsibilities relating to registers and clinical records. All private maternity hospitals are licensed under the Hospitals Act 1957, and the Department of Health is responsible for ensuring that regulations regarding buildings and staff are observed.

301. A 1990 amendment to the Nurses Act 1977 enables a registered midwife to take sole responsibility for the care of a woman throughout pregnancy, childbirth and the post-natal period (responsibility hitherto held only by a medical practitioner). The majority of births in New Zealand are normal and do not require medical intervention. The new legislation represents a step towards a low technology childbirth service to meet the needs of low risk women, and increases women's choices in childbirth.

2. Special protection and assistance for working mothers

302. Information about the special assistance to working mothers is contained in New Zealand's initial report to the Committee on the Elimination of Discrimination against Women under article 11.

303. Under the Parental Leave and Employment Protection Act 1987 (which repealed the Maternal Leave and Employment Protection Act 1980, extending its basic provisions to fathers as well as mothers), parental leave is available to employees in both the private and public sectors. Pregnant women or their partners are eligible regardless of marital status (providing they live together), as well as parents adopting children under five years of age; provided also that they have been employed by the same employer for at least 12 months for 10 hours a week or more. The Act rules out dismissal on grounds of pregnancy, though employers may move a pregnant worker to another job temporarily if safety or performance is affected. The four types of parental leave provided for under the Act are:

(a) Up to 10 days' special unpaid leave for a pregnant woman, for reasons connected with the pregnancy;

(b) Up to 14 weeks' unpaid maternity leave for a pregnant woman or an adoptive mother over the time the baby is due, starting from any time within six weeks of the baby's expected arrival;

(c) Up to two weeks' unpaid leave for a male partner about the time of the birth or adoption of a child;

(d) Extended unpaid leave up to a total of 52 weeks between both partners after the birth or adoption of a child.

304. Except in a redundancy situation, an employer must keep a job open for an employee on parental leave of less than four weeks if that is the first leave taken for that child. The employer must also justify not keeping a job open for longer periods, and any replacment worker may be hired only on a temporary basis, having been told the job is temporary. If another person is hired for a position held open in terms of the Act, there is provision for a complaint to be made.

305. If an employer does not keep a job open beyond the four week period, an employee on parental leave is entitled to six months' preference and must be notified of any jobs similar to the one previously held which become available. A job offer must then be taken up within seven days of the starting date given by the employer.

306. New Zealand has not yet legislated for paid maternity leave or leave with social security benefits and therefore maintains its reservation, entered at the time of ratification, on the full implementation of article 10.2 of the Covenant.

3. Specific measures in favour of self-employed working mothers

307. There are no specific measures such as guarantees against loss of income for self-employed working mothers or those working in family businesses. The various benefits provided under the New Zealand social security system as described in the report under article 9 are designed to prevent hardship in any circumstances.

4. Measures to assist mothers in case of their husband's absence or death

308. Reference should be made to sections of this report under article 9 covering the widow's pension and the Domestic Purposes Benefit, for information on measures designed to assist mothers to maintain their children in the case of their husband's death or absence.

C. Protection of children and young persons

Principal laws

309. The principal laws protecting children and young persons are:

(a) The Adoption Act 1955;

(b) The Social Security Act 1964;

(c) The Status of Children Act 1969;

(d) The Children and Young Persons Act 1974 (until 1989);

(e) The Family Proceedings Act 1980;

(f) The Children, Young Persons and Their Families Act 1989;

(g) The Labour Relations Act 1987;

(h) The Adult Adoption Information Act 1985;

(i) The Education Act 1989.

310. Section 3 (1) of the Status of Children Act 1969 places all children on an equal footing for the purpose of New Zealand law, irrespective of whether the child's father and mother are or have been married to each other. A 1987 amendment to this Act clarified the legal status of children conceived by the use of donated sperm, ova, or embryos. The amendment provides that the child's social parents are to be his or her legal parents.

311. As a general rule, the law makes no distinction between adopted and natural children once a final adoption order has been made. Section 16 of the Adoption Act 1955 provides that at that time the child is deemed to become the child of the adoptive parents and to cease to be the child of his or her existing parents. The Adult Adoption Information Act 1985 reflects the trend towards a more open approach to access to information for birth parents and adopted persons.

312. The Guardianship Act 1968 provides that the Court must regard the welfare of the child as the first and paramount consideration in any matter relating to the custody or guardianship of, or access to, a child; or the administration of any property belonging to or held in trust for a child (or use of any income from such a property). The Act provides for independent legal representation for the child in every uncontested case, and for reliance on non-legal expertise in the assessment of the child's interests.

313. The Fair Trading Act (Children's Night Clothes Product Safety Standards) Regulations 1987 prescribes product safety standards to prevent and reduce the risk of death and injury through the use of certain fabrics and designs in the manufacture of children's night clothes.

314. Details of benefits available through the social security system are given in the report under articles 9 and 10.A above. Major family support benefits designed to protect the wellbeing of children are available either on a universal basis or with certain qualifications, designed to guarantee a basic minimum income for every family. Welfare and basic health services are available free of charge regardless of the marital or social status of parents.

315. Where parents have separated, the non-custodial parent may be required to make payments towards the care of the children by either maintenance orders made by the Family Court in terms of the Family Proceedings Act 1980; or by the provisions of the Liable Parent Contribution Scheme, introduced in 1981 by an amendment to the Social Security Act. The Act sets out schedules for assessing contributions from the non-custodial parent towards the cost of paying a domestic purposes benefit to the person caring for the children.

316. Under the Adoption Act 1955, social workers counsel parents considering relinquishing their child, approve prospective adoptive parents, report to the Family Court and supervise interim adoption orders made by the Court. The steadily declining numbers of children being offered for adoption outside

amilies reflects changing social attitudes. A majority of sole parents now are for their children themselves or make arrangements for the child to be ared for within their family or extended family network.

17. Under the Education Act 1989, every child is entitled to free enrolment nd free education at a State school between the ages of five and nineteen 'ears. Education is compulsory between the ages of six and fifteen. There is io discrimination in access or selection at any level of the school system. ection 8 of the Act gives people with special educational needs equal rights :o enrol and receive education. State assistance is also given for pre-school and tertiary education. Further information is provided in the report under article 13 (Right to Education).

318. The Children, Young Persons and Their Families Act 1989, to which reference has already been made, is essentially concerned with the wellbeing and rights of children and young persons, especially in circumstances where they may be at risk. It stresses the fundamental rights of children to freedom from harm and also states that children have a right to a say in decisions that affect them.

319. Information leaflets on several of the above laws are published by the Department of Justice in its "Family Law" series, and are available free to the general public.

Office of Youth Affairs

320. In 1987, the Government established a Youth Affairs portfolio in Cabinet, and during 1988 young people throughout the country were canvassed for their views on matters of concern. In 1989, the Office of Youth Affairs was set up as a department of state responsible to the Youth Affairs Minister. The main objective of the Office is to advise the Government, and government departments, on policy affecting youth in the 15 to 25 age group. The Office is also intended to provide all young New Zealanders with an official channel for their opinions and concerns, and an opportunity to take part in decision and policy making.

321. Issues upon which the Office is to concentrate as a matter of priority are employment, education and training, health, income, justice, and housing. Although the Office does not have responsibility for implementing specific programmes, it is designed to give a youth perspective on government policies, and will for instance be involved in monitoring the major reforms that have recently been effected in the education and training sectors.

Social work

322. A major part of the social work programme of the Department of Social Welfare is focused on children and young persons.

323. The main objective of these services is that all children should be cared for by parent figures, who can maintain the child's sense of belonging, personal and cultural identity; and that the child achieves physical, emotional, mental and social wellbeing within the family group.

324. The Department operates a number of residential care facilities. The Department reviewed its residential services in 1986 and again in 1990. This has resulted in a move to reduce institutional care in favour of community

care wherever possible. Increasing resources are being reallocated from institutional to community care, and numbers of children and young people in residential care have fallen substantially. The number of institutions operated by the Department of Social Welfare has fallen since 1979 from 26 to 9. This is projected to reduce to four by late 1990.

325. The Children and Young Persons Act 1974 provided for the Director General of Social Welfare to take sole guardianship of children and young people who needed care or protection, or who had offended against the law. Most of the children and young people currently in the Department's care are there as a result of proceedings under that Act, or by agreement between the parents and the department (under section 11 of the Act).

326. Most children and young persons in care live in the community. In 1988, 67.3 per cent were living in foster homes, departmental family homes, boarding schools, or with relatives; 14.2 per cent were with their own parents; 6.8 per cent were in employment. Only 7.1 per cent were in institutions, operated by either the Department of Social Welfare or the Department of Justice.

327. In 1984, a comprehensive review of the former Children and Young Persons Act 1974 was begun, resulting in its replacement by the Children, Young Persons and Their Families Act 1989. This Act reforms the law relating to children and young persons in need of care or protection, or who offend against the law. Consultation over the new legislation was particularly extensive with the Maori community, because of a concern that Maori children and youth had not been appropriately cared for within the structures of the old legislation.

328. The change in direction of the legislation is signalled by the addition of "family" to the title of the former Act. The interests of the child are now not seen in isolation, but in the context of his or her family, whanau, hapu and iwi (tribe). The strengths and resources of these groups are to be used to resolve any difficulties arising with the child or young person. Provision is made for strengthening community assistance to families, whanau, and other family groups in caring for their children and young people. The Act also established the post of Commissioner for Children, and an appointment to this position was made in 1989.

329. Major changes instituted by the new legislation include:

(a) The establishment of separate jurisdictions for care and protection matters and offending matters. Issues relating to the care and protection of children and young persons because of family breakup or other stress, etc, are heard in the Family Court: offending by young persons is dealt with in a new Youth Court established as a separate division of the District Court;

(b) General principles, principles relating to the care and protection of children and young persons, and youth justice principles, are established under sections 5, 6 and 208 of the Act;

(c) Family group conferences are authorized to give families and whanau the first opportunity to resolve problems concerning their children and young people before these matters are referred to the Court;

(d) The Family Court is given a wider range of orders to support children and young people without separating them from their family groups;

(e) New procedures are established for dealing with young offenders to facilitate informal solutions to minor offences and appropriate time limited sanctions for more serious ones.

330. The adoption of the Children, Young Persons and Their Families Act is expected to result in fewer children and young people coming into the custody or guardianship of the Department of Social Welfare. A child or young person who has been removed from his or her family is returned to that family wherever possible. Where return is not possible, the child is placed in a new family or family-like setting.

Handicapped children

331. The provisions of the Disabled Persons' Community Welfare Act 1975 include measures to assist disabled children. For instance, the Department of Social Welfare funds alternative care for a seriously disabled child for four weeks in every year to relieve the parents of the constant burden of caring. Special loans are available for necessary alterations to homes, as well as assistance for the purchase of disability aids. The Social Security Act 1964 provides for a non-taxable allowance of $26 a week, payable to the parents of seriously physically or mentally handicapped children being cared for at home.

332. Wherever possible, children with physical or other disabilities are enrolled with other children at ordinary pre-school services and in ordinary classes at their local primary or secondary school. A new provision of the Education Act 1989 specifically states the equal right of those with special education needs to free enrolment and education at state schools. When necessary, buildings are modified, special equipment is provided, and ancillary staff are appointed to assist teachers.

333. A comprehensive range of special education services has been developed for children whose special needs cannot yet be met in ordinary classroom settings. The Special Education Service of the Ministry of Education employs psychologists, speech/language therapists, visiting teachers, advisers on deaf children, and teachers who teach at resource centres for people with disabilities. A very small number of children attend residential schools for periods of time ranging from one term to several years. Special teaching services are also provided in the institutions administered by the Department of Social Welfare for socially maladjusted children.

334. Subsidies are provided to community organizations such as the Royal New Zealand Foundation for the Blind and the New Zealand Society for the Intellectually Handicapped (Inc), whose services include residential facilities.

Protection against exploitation, neglect or cruelty

335. Reference should also be made to New Zealand's periodic reports on implementation of the International Covenant on Civil and Political Rights, for information on measures to protect the rights of children (art. 24) and to outlaw slavery or any form of traffic in persons (art. 8).

336. The Domestic Protection Act 1982 addresses the issue of violence between married persons and couples in de facto relationships. The Act contains wide legal powers to give protection to the victims of domestic violence.

337. Public awareness of the incidence of family violence, including child physical and sexual abuse, is very high. Under the Family Protection and Violence Prevention Programme of the Department of Social Welfare, a number of services are offered for the victims and perpetrators of family violence, with special attention to children. Child protection services have dominated the social work activities of the Department of Social Welfare district offices in recent times. Social workers investigated approximately 6,500 reports of abuse, neglect or concern about a detrimental environment during the year to March 1989, on the basis of which 238 complaints were laid in the Children and Young Persons' Court (under the former Children and Young Persons Act). These figures may decrease as a result of the provisions of the new Children, Young Persons and Their Families Act 1989. Provision is made under this Act for care and protection resource panels in each locality. The Department of Social Welfare has also prepared a booklet ("There are No Superparents") to help parents cope with child rearing difficulties.

338. The Department provides financial support to a number of community organizations providing services to the victims of family violence, such as women's and family refuges, rape crisis and sexual abuse services, and men's groups providing education and treatment for violent men. For example, over $2.5 million was disbursed in 1988 to the National Collective of Women's Refuges.

339. During 1988, the Family Violence Prevention Coordinating Committee undertook a major research project on attitudes to family violence amongst Pakeha (European), Maori and Pacific Island people. The project provided data for a family violence prevention campaign on television, radio and the print media.

340. An advisory committee on the investigation, detection and prosecution of offences against children presented a comprehensive report in 1988 entitled "A private or public nightmare?". This examined issues in child sexual abuse and included background reports and an extensive annotated bibliography.

Measures governing work by children and young persons and measures to prevent employment of children and young persons in any work dangerous to health

341. Reference should also be made to information provided under article 6 (Right to Work). Since education is compulsory until the age of 15, that is effectively the minimum age of employment, apart from part-time work. A fine of up to $1,000 may be imposed under section 30 of the Education Act 1989 in relation to the employment of anyone under the age of 15 within school hours or in circumstances which interfere with the person's schooling.

342. Section 12 of the Factories and Commercial Premises Act 1981 prohibits the employment of anyone under the age of 16 years between the hours of 10 p.m. and 6 a.m. on the following day. It also prohibits the employment in or about a factory of anyone under the age of 15 years.

343. The Government funds the employment by the Council of Trade Unions of a youth worker who has the function of liaising with employers over the working conditions of young workers, youth awards, etc.

344. The Minors Contracts Act 1971 provides special rules on the enforceability of contracts, designed to protect young people against unfair or unreasonable contractual arrangements.

Statistical data on children and young persons in work

345. The earliest age group for which statistics in this area are available is the 15 to 19 year old group. A table for this group, indicating their labour force participation rate for the years 1976 to 1986, is included as table 6.

Table 6

Labour force participation by age group of young persons 1976-1986

		In the labour force	Not in the labour force	Total population	Labour Force participation rate
1976 1/					
15-19	M	86 341	66 994	153 335	56.3
	F	75 295	72 107	147 402	51.1
	T	161 636	139 101	300 737	53.8
20-24	M	120 029	11 615	131 644	91.2
	F	75 206	52 725	127 931	58.8
	T	195 235	64 340	259 575	75.2
1981					
15-19	M	98 256	58 557	156 813	62.7
	F	84 000	65 814	149 814	56.1
	T	182 256	124 371	306 627	59.4
20-24	M	126 801	10 626	137 427	92.3
	F	89 511	42 705	132 216	67.7
	T	216 312	53 331	269 643	80.2
1986 2/					
15-19	M	99 354	53 568	152 922	65.0
	F	89 274	57 891	147 165	60.7
	T	188 628	111 459	300 087	62.9
20-24	M	129 753	13 299	143 052	90.7
	F	103 944	35 898	139 842	74.3
	T	233 700	49 197	282 894	82.6

Source: New Zealand Census of Population and Dwellings, 1976, 1981, 1986 Department of Statistics.

1/ Person working for less than 20 hours a week, and person seeking less than 20 hours a week are included with the "Not in the labour force".

2/ Includes persons unemployed and seeking work.

VI. ARTICLE 11: RIGHT TO AN ADEQUATE STANDARD OF LIVING

A. General and specific measures

346. Legislation and programmes described under preceding sections of the report are designed to ensure an adequate living standard for all: examples are the Social Security Act 1964 and the Minimum Wage Act 1972.

347. New Zealand is a developed country with a relatively high standard of living. Gross domestic product per capita for the year ending March 1989 was $NZ 18,506. Over the last two decades, however, poor economic performance compared with other countries led to a relative decline in living standards. By the early 1980s, New Zealand per capita incomes had fallen to eighteenth place among OECD countries, from one of the highest levels in the 1960s. The period of rapid restructuring which started in 1984 has entailed painful adjustments in many sectors. Current economic policies directed at reducing inflation and national debt, and gaining greater efficiency in the economy's use of resources, have the ultimate goals of increasing employment opportunities and promoting higher living standards on the basis of sustained economic growth.

348. Figures indicating life expectancy levels at selected ages over the period 1975 to 1988 are given in the accompanying table (table 7), for Maori and for the total population (males and females). It will be noted that the figures for Maori are less favourable than for the population taken as a whole, indicating the vulnerability of this sector of the population, and their overall lower standard of living. In recognition of this problem, many of the present policies of Government in areas such as health, housing and education are specifically designed to bring about improvements in the situation of Maori in New Zealand.

349. Notwithstanding the problems of a sometimes difficult terrain, and a widely scattered population with many remote communities, an adequate infrastructure of roads, electricity, telephones, water supply, drainage and other services has been established through most of New Zealand for several decades now. For example, in 1989, New Zealand had 432 telephones per 1,000 of population.

B. Right to adequate food

1. Principal laws

350. The principal laws concerned with the right to adequate food are:

(a) The Social Security Act 1964 and amendments;

(b) The Food Act 1981;

(c) The Food Hygiene Regulations 1974;

(d) The Food Regulations 1984;

(e) The Food (Additives and Labelling) Notice 1989;

(f) The Health (Registration of Premises) Notice 1989;

Table 7

Life expectancy at selected ages, Maori and total populations
1975-77, 1980-82, 1986-88

Life expectancy (years)					
Period	Exact age (years)	Maori		Total population	
		Male	Female	Male	Female
1975-77	0	63.35		69.01	75.45
1980-82	0	63.84		70.36	76.43
1986-88 *	0	+		71.29	77.39
1975-77	20	45.66		51.17	57.01
1980-82	20	46.22		52.09	57.81
1986-88 *	20	+		52.95	58.62
1975-77	40	27.77		32.56	37.81
1980-82	40	28.12		33.45	38.55
1986-88 *	40	+		34.43	39.36
1975-77	60	13.55		16.09	20.42
1980-82	60	13.39		16.62	21.03
1986-88 *	60	+		17.36	21.56

Source: Demographic Trends 1989, Department of Statistics 1990.

* Abridged life table, 1986-88 (provisional).

+ Figures unavailable.

(g) The Dairy Industry Act 1952;

(h) The Meat Act 1981;

(i) The Milk Production and Supply Regulations 1973.

351. As a country with a relatively high standard of living, in an agriculture-based economy with a wide range of nutritious foods available, New Zealand has not found it necessary to enact legislation specifically to promote the right to adequate food. The food legislation that exists in New Zealand is designed to ensure that the entire food supply is of high quality, hygienic and unadulterated. While low income, isolation or low supply of particular foods may restrict individuals' food choices, social security provisions ensure a sufficient income to everyone to purchase all basic requirements, and food legislation ensures food is of acceptable quality and hygiene.

2. Measures taken to develop or reform existing agrarian systems

352. Reforms of agriculture in New Zealand have been among the most far-reaching undertaken by the Government in the years since 1984. In summary, government assistance to agriculture, which in the early years of the reporting period had reached high levels, has been rapidly and drastically reduced. Subsidies, price support and stabilization have been removed. (Notable examples of these were the Supplementary Minimum Price Scheme (SMPs), abolished in 1984/85, and the Meat Industry Stabilization Account which the Government terminated in 1986, honouring earlier commitments by a one-off payment of $NZ 1 billion). The object of such policies is to enhance the efficiency of resource use by reliance on market-determined price relationships. The agricultural sector is adjusting to a more market-oriented environment in which it now has to operate.

353. Assistance to agriculture is currently at very low levels by world standards. Gross assistance to pastoral agriculture is forecast to be some 3 per cent of gross pastoral output in 1990, compared to 34 per cent in 1983 when SMPs were at their peak. As a result, the agricultural sector is now far more efficient and competitive.

354. Other aspects of Government macroeconomic reforms such as tariff reductions, though not yet complete, will also benefit agriculture. Draft legislation in the Resource Management Law Reform Bill is aimed at the sustainable exploitation of natural resources.

3. Measures to improve methods of production and the quality and quantity of food produced and measures to improve and disseminate knowledge relating to methods of food conservation

355. With increased knowledge of the soil types in New Zealand, large areas of "problem" land have been converted to good farms. Illustrating the modern changes to farming as an up-to-date science, farmers have exploited the use of certified strains of grasses and clovers, phosphatic fertilizers, lime and trace elements (especially by aerial topdressing).

356. Under article 15, section B, of the report there is a description of recent changes in the funding of research and development in New Zealand. The system of public funding of research is undergoing considerable change.

357. New Zealand's research in agriculture is primarily undertaken by the Department of Scientific and Industrial Research (DSIR) and the Ministry of Agriculture and Fisheries (MAF), under the Scientific and Industrial Research Act 1974 and the MAF Act 1953. MAF has extension consultants in the field, but to improve efficiency, much of its work in this area is now conducted on a cost-recovery basis. Under a number of the laws listed above, MAF is also responsible for certification of food produced and has livestock and veterinary officers in the field to ensure quality standards in animal production.

358. Increasing the yield per unit of cultivated land is not an explicit government objective, as yield is already adequate to meet market demand, and market signals determine agricultural output. Research is now targeted at those productivity gains that are profitable. Areas where research is focused include for example breeding new pasture species, improving fertilizer use, and controlling pests and other products. Plant breeding remains a dominating force in the development of New Zealand's land-based primary industries. Horticulture is a major area of research and development expansion.

359. Research is carried out by New Zealand's seven animal health laboratories and four agricultural research centres. Both MAF and DSIR are concerned with biotechnology and environmental issues. New Zealand producers and consumers are becoming concerned about the effects of farming production techniques on the environment.

360. Dissemination of knowledge about agricultural research and about materials, equipment and techniques is achieved in a variety of ways. For example, MAF conducts regular field days around the country. Under its information programme, MAF also distributes a range of publications. Its consultants with responsibility for advisory work and extension programmes also fulfil a useful role in this area.

361. There is a wide range of non-governmental activities to promote the spread of knowledge on agricultural improvements, especially through the media, for example through specialist radio and television programmes (which also attract a wide urban audience). Producer Boards - the New Zealand Dairy Board, Meat Producers' Board, Apple and Pear Marketing Board, etc - also conduct extension programmes in their own sectors. Reference should also be made to the report under article 15 for general information on the dissemination of research findings, especially those of the DSIR.

362. The above measures also apply to the dissemination of knowledge about food conservation methods. The Dairy Research Institute and the Meat Research Institute, which are largely funded by the private sector, as well as MAF and the DSIR, are responsible for research on technology relating to crop harvesting, processing and storage. (It may be noted that grain production constitutes a very small percentage of New Zealand's agricultural output.)

363. Under recent local government reforms, more than 600 public agencies, including pest destruction boards, noxious plants authorities, and catchment boards, have been replaced by 94 new district and regional councils. Among

other things, the councils have the main responsibility for soil and water resource management, for regional pest control and natural hazards mitigation. A number of these functions have hitherto been funded either wholly or partly by central government. The continuation of former funding arrangements, for what are now regional or local responsibilities, is still under review. In a joint programme, the MAF and a South Island regional council are currently undertaking a rabbit eradication programme to counter an infestation problem in a large farming district.

4. Improvement of food distribution

364. An adequate distribution infrastructure already being in place within New Zealand, attention is focused on improving the efficiency of international transport links. Improved efficiency of New Zealand ports is an important part of recent local government reforms. Harbour boards have been abolished and port companies established to carry out commercial port activities. Regional authorities have taken over the boards' statutory and regulatory functions and their shares in port companies. To date, these and other reforms in the port industry have improved efficiency in a number of respects, with consequent savings to producers.

365. Assuring minimum supplies to needy groups is not a major problem in New Zealand, though it has grown in recent years, mainly in urban areas. In addition to the safeguards of basic living standards ensured through the social welfare benefit system described in the report under article 9 above, the Government provides financial support through the Department of Social Welfare for a number of community and voluntary organizations involved in food relief. Many area health boards operate a meals-on-wheels service, delivering meals to elderly people in their own homes, with the assistance of volunteer drivers.

5. Measures taken to improve food consumption levels

366. There is no apparent need in New Zealand to improve the level of food consumption. Most nutrition-related health problems in New Zealand are linked to over-consumption of certain nutrients rather than under-consumption. It also seems that some sections of the population may be more vulnerable to over-consumption of certain nutrients such as sodium and saturated fats than others. More research needs to be completed to clarify those issues.

367. The Nutrition Task Force was set up by the Department of Health in 1988 to look at nutrition issues as they specifically relate to New Zealanders. It will review and recommend a food and nutrition policy for New Zealand, taking account of social, economic, ethnic and cultural factors, which encourages healthy eating habits and promotes health and well-being.

6. Measures to reduce food adulteration

368. Comprehensive and up-to-date legislation, effective law enforcement, and public and industry awareness of the high risks of food contamination and the importance of high quality are important means of ensuring an unadulterated, hygienic and safe food supply in New Zealand. Both the Department of Health and MAF have responsibility for administering legislation (of which some of the principal laws are listed above) to control the quality and hygiene of food and food premises.

369. In the case of the legislation administered by the Department of Health, the Food Regulations 1984 set food standards that specify permissible food additives and ingredients in a variety of basic foods, with general provisions to cover foods not specifically standardized. The regulations also limit levels of contaminants that may be present, for example metals, pesticides, and animal remedy residues.

370. The hygiene of food premises is dealt with in the Food Hygiene Regulations and covers issues such as construction of premises, conduct and maintenance of premises, and conduct of workers.

371. Labelling requirements are also described in the regulations to ensure consumers can make informed selections about the foods to be incorporated into their diets.

372. A Food Standards Committee functions to consider and advise the Minister of Health on changes needed to food standards. It assists the department in reviewing and updating food legislation.

373. MAF is responsible for those meat, fish and dairy products which are primarily for export. It has responsibility for hygiene in the relevant manufacturing premises and the quality of the final product.

Enforcement

374. Food standards are administered by the Department of Health but enforced by delegated authorities. Area health boards enforce food standards and local authorities are responsible for enforcing food hygiene.

375. Commodity inspections are performed by area health boards' health protection officers. Such inspections involve investigation of the labelling, ingredients, additives, nature of processes, packaging and food storage for each food product produced within the boundary of the area health board to ensure that proper standards are met in accordance with food legislation. Area health boards also routinely sample food products in their areas for compliance with standards. Consumer complaints are investigated by area health board inspectors.

376. All premises used for the manufacture, preparation, packing and storage of food for sale are required by the Food Hygiene Regulations to be registered under the Health (Registration of Premises) Regulations 1966. The local authority registers premises after environmental health officers have carried out inspections to confirm that the appropriate standards for construction of premises have been met.

377. The Department of Health, in conjunction with the DSIR, carries out many projects investigating the safety of foodstuffs available in New Zealand. A total dietary survey is performed every few years. This survey investigates the pesticides, elements, colours, preservatives and contaminants present in an average New Zealand diet and the results are published. This survey provides a basis for on-going food contaminant monitoring of the food supply and is necessary because the levels of contaminants in foods may be altered by changes in dietary trends, agricultural or manufacturing practices, processing techniques or methods of food packaging, transport or by environmental or industrial contamination.

378. Controls are also imposed on imported foods. Certain classes of imported foods with a history of non-conformance with New Zealand standards are held on entry to the country. The food may be sampled and tested for safety and quality. For a small number of foods the importer must produce evidence that the food complies with local standards.

379. Agreements exist with Australia such as harmonization of standards through the Australia/New Zealand Closer Economic Relations and Trade Agreement and a reciprocal imported foods agreement where New Zealand notifies the Australian authorities of seized or recalled imported foods and in turn New Zealand will be notified of corresponding events in Australia.

380. A Memorandum of Understanding exists between New Zealand and the United States Food and Drug Administration on matters relating to shellfish for export to the United States of America.

Health education

381. Educational resources are also available to consumers and food workers to encourage food hygiene awareness. The National Education Authority coordinates a training course in food hygiene to national certificate level. The training is undertaken by polytechnics and community institutes throughout New Zealand. Health staff are involved in the design of the teaching syllabus and in the provision of educational material. Food hygiene is also a component of the training programme for chefs and other food trade workers. Persons with these qualifications are usually present in most commercial, food handling institutions.

382. Other publicity material is widely available. The National Library supplies audio-visual material to interested parties. Pamphlets and posters are produced by the Department of Health and food industries on matters relating to food and nutrition.

7. Measures taken for dissemination of knowledge of the principles of nutrition

383. The Department of Health has taken several measures to ensure that nutrition messages are responsibly disseminated. These are as follows:

(a) The Nutrition Task Force (see above) is currently developing policy and will make recommendations in the areas of nutrition information and education;

(b) As a result of the report of the advisory committee to the Minister of Health on the prevention of cardiovascular disease, the Department established and funds "Heartbeat New Zealand" which, in conjunction with the National Heart Foundation of New Zealand, offers a health promotion programme providing community nutrition education. Examples of their work include publicizing the "Healthy Food Pyramid" by means of pamphlets, posters and talks. In 1989 it organized a "Heart Food Festival" and in 1990 a "Heartbeat Awards Scheme" is being established which aims to encourage healthy food choices in a healthy environment in workplace cafeterias. The criteria to be used relate to healthy food choices, promoting a smoke-free area, and food hygiene training;

(c) The Department has also recently established and funded "Maori Heartbeat" which aims to set up programmes appropriate to the needs of Maori people.

384. Health promotion and health education services operate at the national and regional levels. The Department of Health at the national level produces resources, such as pamphlets and posters, but is primarily responsible for policy advice. The area health boards are responsible for health promotion and health protection services at the local level, distributing resources and working with community groups and the wider public.

8. Participation in international cooperation aimed at ensuring the right of everyone to be free from hunger.

385. New Zealand makes annual contributions to the core budget of the World Food Programme (WFP). Its contribution for 1990/91 stands at $850,000. In addition, contributions have been made to a number of WFP's special appeals for particular emergencies during the period under review.

386. While access to markets within New Zealand is not a problem, New Zealand shares the substantial problem faced by many less developed countries in gaining access to markets at the international level. New Zealand devotes considerable effort to the liberalization and removal of distortions in world agricultural trade. In particular, it has for the past three years been actively involved in the Uruguay Round of GATT, and as a member of the Cairns Group of agricultural exporting nations, has sought to advance the cause of freer and fairer agricultural trade. The Uruguay Round is due to terminate in late 1990.

387. The bulk of New Zealand's development assistance is concentrated on neighbouring South Pacific countries. In accordance with the development constraints faced by most of them, New Zealand's development assistance is predominantly oriented towards the education and technical assistance sectors. More generally, its programmes have in recent years focused more sharply on the desirability of New Zealand aid going to those sectors where New Zealand's input can be most effective, and this of course includes agriculture and related technology in many situations.

388. In 1988, a total of $NZ 9.7 million of overseas development assistance funds (i.e. 7.2 per cent of bilateral disbursement) was allocated to agriculture. The types of programme include small-scale productive enterprises aimed at enhancing rural semi-subsistence lifestyles, larger programmes to increase agricultural production for local consumption and for income-generating exports, and programmes to improve the marketing in urban areas of fresh fruit and vegetables from rural areas. In the South Pacific and in other regions, New Zealand has also been involved in development cooperation to improve livestock breeding techniques, dairy development, grasslands improvement, etc.

389. As a member of the South Pacific Forum, New Zealand is committed to regional cooperation for the economic development of the island states. Under the South Pacific Regional Trade and Economic Co-operation Agreement (SPARTECA), Forum island countries have free access to the New Zealand market for their exports, which include a number of food items. Among the most

notable successes resulting from the regional approach are the achievements of the Forum Fisheries Agency aimed at ensuring the sustainable management of this most valuable food source for the region.

390. Some of the voluntary agencies receiving Government subsidies through the Voluntary Agencies Support Scheme are primarily concerned with developing countries' efforts to improve self sufficiency in food.

391. The Government has also assisted with providing transport and other support to non-governmental efforts to assist countries facing food shortages. For example, in 1984, "Operation Hope" was organized by voluntary organizations to ship food supplies to drought stricken Ethiopia; and in 1990 "Operation Good Samaritan" collected food supplies in a public campaign around New Zealand for shipment to South Pacific Island countries in the wake of the devastation caused by Cyclone Ofa.

9. Statistical and other available data on the realization of the right to adequate food.

392. The Department of Health collects statistical information on food from several different sources. Used in the development of national nutrition policies and the education of vulnerable groups, the four main types of survey are:

(a) Food balance sheets - a yearly collection of food disappearance data against which overall food trends can be assessed;

(b) Food composition database - the analysis of food types. The database provides a clear understanding of the food produced and eaten in New Zealand;

(c) Heart health survey - this is a broad-based survey which looks at trends related to diet and cardiovascular disease;

(d) One-off surveys of both a qualitative and quantitative nature instigated from time to time on attitudes towards food and food behaviour.

393. A table indicating the average weekly expenditure per household on food over the period 1982-1989 is included as table 8.

Table 8

Average weekly expenditure per household on food
1982-83, 1985-86, 1988-89

Average weekly household expenditure ($) *			% of total net household expenditure		
1982-83	1985-86	1988-89	1982-83	1985-86	1988-90
54.80	69.40	92.3	19.1	16.7	16.6

Source: New Zealand Household Income and Expenditure Survey, 1982-83, 1985-86, 1988-89.

* Averages have been rounded to the nearest five cents.

C. Right to adequate clothing

1. Principal laws

394. New Zealand has no specific legislation relating to the right to clothing, though here again the social security system is designed to ensure that everyone has sufficient income to purchase basic requirements such as adequate clothing.

2. Measures to improve methods of production and distribution of articles of clothing and scientific and technical methods used to achieve adequate supply

395. Under import substitution policies in place over several decades until the mid-1980s, the New Zealand garment manufacturing industry was substantially protected from external competition.

396. In recent years, however, the industry has been exposed to growing competition from imported garments as a consequence of the Government's economic policies of deregulation and tariff reduction. For instance, under the terms of the Agreement for Closer Economic Relations with Australia (CER), bilateral trade in garments has now been completely liberalized. Clothing items produced in the Forum island countries enter New Zealand free of import restrictions under the SPARTECA Agreement. Consumers now have a wider range of choice of imported and locally made garments, including more low-priced items from countries where lower labour costs reduce final prices. Further protection is to be removed from the footwear industry from mid-1991, resulting in a greater variety and lower prices. Families, especially with young children, are seen as major beneficiaries of such changes.

397. Clothing production is concentrated in the private sector. In addition to retail and wholesale stores, clothing and footwear may be purchased from mail order catalogues.

398. Three research associations are involved in programmes related to the clothing industry. These are the New Zealand Leather and Shoe Research Association, Research Institute Textiles Services (Inc), and the Wool Research Organisation of New Zealand (Inc). (Information on the structure of research associations in New Zealand is given in the report under article 15).

399. The Leather and Shoe Research Association operates as a science, technology, and training resource centre providing research and technical services to its client groups, particularly in the fellmongering, tanning and footwear manufacturing industries. The Association investigates strategic issues affecting the New Zealand hide and skin resource base, and matters of safety, health and the environment.

400. Research Institute Textile Services (Inc) provides technical services to the laundry and drycleaning industries, and has recently expanded its testing and consultancy services to the textile and clothing industry. It now undertakes work associated with the development and use of new fabric types.

401. The Wool Research Organization of New Zealand (Inc) has the principal task of developing new knowledge of wool, including improved processes and products of manufacture. Work is concentrated on crossbred wools, of which

New Zealand is the world's principal source. The organization also assists New Zealand wool processing industries, particularly with new technology, and works with the New Zealand Wool Board and agencies of the International Wool Secretariat in the exploitation of new technologies. Programmes undertaken in recent years, for example, relate to safety standards and regulatory requirements, mohair processing, textile mechanical processing, and environmental and pollution control in wool treatment.

3. International cooperation contributing to the promotion of the right to adequate clothing

402. New Zealand efforts in support of international trade liberalization are also relevant in this area.

403. New Zealand has at various times provided clothing assistance to countries in emergency situations, particularly South Pacific countries affected by cyclone disasters.

404. A number of voluntary organizations in New Zealand are involved in the collection and shipment of clothing as part of emergency and other relief programmes. Some of these organizations receive Government assistance under its Voluntary Agencies Support Scheme, administered as part of the Overseas Development Assistance Programme.

D. Right to housing

1. Principal laws

405. The principal laws concerned with the right to housing are:

(a) The Housing Act 1955 and amendments;

(b) The Housing Corporation Act 1974 and amendments;

(c) The Maori Housing Act 1935;

(d) The Race Relations Act 1971;

(e) The Human Rights Commission Act 1977;

(f) The Residential Tenancies Act 1986;

(g) The Housing Improvement Regulations 1947.

406. Although there is no statutory guarantee of the right to housing in New Zealand, the legislation and programmes described in this section reflect Government recognition of its central role in meeting the various housing needs of the community, especially in the low-income sectors.

407. The Housing Act 1955 allows for the purchase of land and dwellings, and the building of dwellings for State housing purposes.

408. The Housing Corporation Act 1974 established the Housing Corporation of New Zealand (replacing State Advances Corporation), with the major functions of:

(a) Undertaking housing and other urban development and renewal, both on its own account and on behalf of Government departments, and other persons and bodies;

(b) Giving assistance to any persons in any matters relating to housing and other urban development and renewal.

409. The Residential Tenancies Act 1986 reformed the law between tenant and landlord. It repealed the Tenancy Act 1955 and the Rent Appeal Act 1973, and replaced Part VIII of the Property Law 1952.

410. The laws mentioned in the preceding three paragraphs are administered by the Housing Corporation of New Zealand. In the 1980s, the Housing Corporation strengthened its commercial base, though its special social functions have continued to be recognized. It has since 1985 been able to raise funds from private sector capital markets. A decision was announced in April 1990 to return the Corporation to the status of a full government department in early 1991, with funding provided through the Treasury under the Public Finance Act. This decision was taken in order to clarify the Corporation's role as a social agency.

411. Other general legislation affecting housing is in the form of regulations designed to ensure public standards of health, design, location and structural requirements, for example, the Housing Improvement Regulations 1947. Such regulations are administered by local authorities.

412. As noted in the introduction to the report, both the Race Relations Act 1972 and the Human Rights Commission Act 1977 contain provisions to prohibit discrimination in the provisions of housing or accommodation. Further detail on this is provided in later paragraphs.

413. The National Housing Commission was set up in 1972 as an independent statutory body to investigate, comment on and advise upon all matters relating to the provisions of housing in New Zealand. Following strengthening of the policy functions of the Housing Corporation in recent years, the Commission presented its final report and was disestablished in 1988.

2. Programmes aimed at expanding housing construction to meet the needs of all categories of the population

414. State housing policies have been evolving in New Zealand since the early 1900s when fears of a major outbreak of bubonic plague arose in slum areas of the main urban centres. The Workers' Dwelling Act 1905 provided for the construction of State houses for landless persons below a given income level. The Advances of Workers' Act 1906 made loans available for housing construction. Housing shortages persisted throughout the 1920s and into the 1930s. The State Advances Corporation was established in 1936 to administer State lending for housing construction, and incorporated a housing construction division (later transferred to the Ministry of Works). By 1943, 5,000 new houses per year were being built under the State housing scheme.

From 1950, State tenants could buy their own units, and about a third passed into private hands. The building of State rental houses declined, so that by 1983 fewer than 500 new units a year were being acquired.

415. During the period under review, the effects of the economic downturn and demographic change combined to produce a severe shortage of affordable housing in some areas. Households with children in central and southern parts of the Auckland region, many of whom are of Maori and Pacific Island origin, have been facing major problems. Changing social attitudes and moves to deinstitutionalize people with health and welfare related disabilities have also increased the need for special purpose accommodation. Housing has thus been a particular problem for low-income or unemployed single people, single-parent households (mostly headed by women), and ex-psychiatric patients in high-cost urban areas. The main problems are the high cost in the private sector of houses and finances, or of rents, relative to income; but some ethnic and household types may face discrimination as well. The annual report of the Human Rights Commission and the Office of the Race Relations Conciliator for the year to 31 March 1989 records that the two offices each investigated four complaints relating to housing and accommodation over that year. In general, however, the incidence of discrimination in this area seems to be declining.

416. The 1988 five-yearly report of the National Housing Commission, which began with a reference to the International Year of Shelter for the Homeless (1987), made a significant contribution to the housing debate in New Zealand. The report noted an increase in unmet housing needs, foreshadowing the possibility of a return to the crisis situation of the early 1900s. In addition to the problems noted above, the Commission reported that the standard of housing was low in rural areas, particularly in the Maori communities of Northland, the East Coast and the Bay of Plenty. (A copy of the report is provided with supplementary papers).

417. The Royal Commission on Social Policy also recommended the development of programmes to meet the special needs of Maori people, women, Pacific Islanders, the aged, ethnic minorities and disabled people. It supported ongoing Government involvement in providing subsidized housing, but saw a need for more flexible and equitable systems.

418. Consistent with the findings of both these major reports, housing policy in recent years has shifted towards a more targeted approach. In 1988 the "Serious Housing Need" policy was introduced for implementation by the Housing Corporation. The policy aims to relieve serious housing need through better targeting of resources to households in urgent need of housing assistance; developing new policies to assist family and non-family households more effectively; and encourging better use of existing rental housing stock. Serious housing need is defined in terms of overcrowding, substandard or unaffordable housing, temporary accommodation, or negative social effects of housing deprivation.

419. The Ministry (formerly department) of Maori affairs and the housing division of the Iwi Transition Agency administer the Maori Housing Act 1935 (and amendments), which aims to meet the special housing needs of Maori people. Policies to effect devolution of housing assistance to the tribal and Iwi authorities over the longer term are being developed, in keeping with the spirit of the Treaty of Waitangi.

420. In 1969, eligibility for loans and housing assistance under the Maori Housing Act was extended to Pacific Island people as well. A further amendment to the Act in 1985 enabled the Board of Maori Affairs to lend to Maori trusts, corporate bodies and non-Maori persons, consistent with the overall goals of improving housing for Maori and Pacific Island people or assisting them to buy homes.

421. Programmes operated under the Maori Housing Act give priority to housing Maori and Pacific Island families in a way that recognizes cultural values and supports the whanau. They include the provision of loans for building kaumatua flats for the elderly around or near marae (traditional village meeting places), and for whareawhina (hospitality-based housing); loans for housing improvements for families involved in the maatua whangai programme (on which more detail has been given in the report under art. 10 above) and for wharetapiri (extended family housing); and cooperation with the Housing Corporation (under its lending policies) on the Papakainga programme.

422. Papakainga (a Housing Corporation lending scheme for multiple-owned Maori land) was established in 1985 as a pilot programme in two areas of New Zealand. This programme has since been extended throughout the country. Designed to assist Maori people in rural areas to build homes on their ancestral tribal land, the scheme removed the requirement to obtain individual title to land on which a house is built. (This requirement had had the effect of alienating the land from the tribal group). Under the Papakainga programme, the security of a home loan is fixed on the house, not the land on which it is built. In the year to 31 March 1989, 261 loans were made on multiple-owned land.

423. The Housing Corporation produces posters and brochures describing its programmes in the Maori, Samoan, Tongan, Tokelauan, Niuean, and Cook Islands Maori languages as well as in English.

424. Further detail on housing assistance programmes for Maori and Pacific Island people may be found in New Zealand's reports to the Committee on the Elimination of Racial Discrimination.

Women's Housing needs

425. A survey of women's housing needs in 1987 revealed as major areas of concern access to housing following marriage breakdown, including the special needs of women leaving violent relationships, and access to housing for single women. As a result, a $3 million Women's Project Fund was set up by the Corporation in 1988 to provide loan finance for projects run by women for women and children whose needs are not met by other policies, ranging from sheltered and transitional housing to independent housing. The Corporation's Women's Policy Unit monitors and evaluates existing housing programmes to ensure that women in housing need are housed adequately and appropriately.

426. Maori women are especially disadvantaged in housing matters. While households headed by Maori women are the fastest growing household type, only 39 per cent of these women own their own homes, compared with 76 per cent for all male headed households. Maori women thus depend more heavily on rental housing. In 1989, a Maori Women's Housing Research Project was established jointly by the Housing Corporation, the Ministry of Maori Affairs, the Department of Social Welfare and the Ministry of Women's Affairs, and includes

community representatives. The project will document the current housing circumstances of Maori women, identify the effects of poor housing on them, and identify their particular housing needs and aspirations, as well as exploring options for better meeting those needs.

427. In 1989 the Ministry of Women's Affairs published the "Women's Guide to Housing" to provide basic information about all aspects of housing, including Government housing policies and programmes, and community and private sector initiatives.

Housing corporation programmes

428. Specific programmes operated by the Housing Corporation fall into the areas of rental housing, ownership assistance, and community housing.

Rental housing

429. As at March 1989, the Corporation administered a record 64,521 rental units including 423 special purpose tenancies and 423 relocatable cottages. Over 2,400 new units were added to the rental stock during the preceding year. More than 9,500 households were accommodated in rental units that year, compared with 7,939 the year before.

430. Rental units are allocated to those in greatest need on the basis of a points system. Factors such as income, existing accommodation and rent paid are taken into account in assessing relative need. A major review of the points system led to the introduction of a revised system in 1988, which specifically recognizes serious housing need factors. Where tenants are able to pay market rates, they are charged accordingly. As at 31 March 1989, about 7 per cent of the Corporation's tenants were paying market rents. The majority, however, are charged at a lower rate in accordance with their income. The average rent paid in 1989 by Corporation tenants was around $69 per week, compared with the average private sector rent of about $154.

Ownership assistance

431. Ownership assistance aims to give access to home ownership to low-income households who cannot obtain it through the private sector. The chief elements of this programme are mortgage lending and ownership support.

432. Under the Mortage Lending Scheme, the Corporation offers home loans for substantial first mortgages or smaller second mortages for first-time buyers; loans to assist tenants to move out of Corporation units; home improvement loans, deposit assistance, refinance/second-chance loans, and equity-sharing loans.

433. Subsidized interest rates are the main feature of assistance offered through the various forms of home loans. Interest subsidies to individual households are granted according to total gross household income. Priority is given to couples and families whose total household income is equal to or less than the average weekly wage. Applicants for loans must also be New Zealand citizens or permanent residents. Except in special circumstances, assistance is not generally available to sole persons without dependents. In 1988/89, 11,336 home loans valued at $497.7 million were approved.

434. Another aspect of the Mortgage Lending Scheme is deposit assistance made available under the Homestart programme. Homestart loans are offered at 3 per cent interest for five years. Interest is capitalized onto the loan, so that there is nothing to pay for five years, after which the loan must be repaid or refinanced. In 1988/89, 16,382 Homestart loans valued at $161.6 million were approved.

435. Ownership support comprises mortgage guarantees, Buildguard (protection against defective workmanship) and household insurance.

Community housing

436. The Housing Corporation has offered assistance to community organizations and special needs groups since the early 1970s. The numbers of non-family clients seeking housing assistance has continued to grow throughout the period under review. In many cases, people with housing problems also face health or welfare related disabilities. The Housing Corporation cooperates with a diverse range of community groups and organizations to meet the needs of these people. Programmes currently offered in the area of community housing include:

(a) Special lending: a programme designed to assist clients with special housing needs who can afford loan repayments, but are unlikely to benefit from other Corporation lending programmes, which are mainly aimed at individual households. Loans are made to community groups and welfare organizations. Such loans enable groups to offer supervised housing to clients such as ex-psychiatric patients, street kids and people with disabilities. The Venture Fund ($3 million) provides loans to encourage innovation and experimentation in housing construction and tenure, and new ways to counter serious housing need;

(b) Special tenancies: rental units are provided for community organizations for residential or non-residential use. Following a liberalization of the policy governing their allocation, the number of special tenancies approved increased in 1988/89 to 102 (from 27 in the previous year).

437. The boarding-house programme enables the Corporation to purchase existing boarding-houses or estabish new ones, or fund local authorities to do so. The Corporation also provides funds to boarding-house owners to upgrade their premises.

Housing for older people

438. A significant proportion of tenants in Housing Corporation houses and flats are elderly. In addition, the Corporation operates a number of special programmes to provide assistance for housing for the elderly and disabled people. Longstanding government policy is to encourage and support the programmes of local authorities, religious and welfare organizations in this area. The Housing Corporation provides them with low-interest finance and subsidies for pensioner flats which are available at low rents subject to an income test and age or disability qualifications. In 1988/89 the Corporation provided $14.7 million in loans and $2.28 million in grants for the provision of approximatey 400 rental flats. Since this policy was introduced in 1950, approximately 15,000 pensioner flats have been built.

439. Funds are also available to local authorities and community organizations to provide relocatable "granny flats" for housing elderly people on a home owner's property.

440. "Homeswap" is a programme for the building of home units for sale to older people in return for the purchase of their existing house for rental or redevelopment purposes. Nineteen such units were provided during 1988/89.

3. Use of scientific and technical knowledge and of international cooperation for developing and improving housing construction, including safety measures against earthquakes, floods and other natural hazards

441. The Department of Scientific and Industrial Research (DSIR) conducts a number of activities in this area. The department is involved in the development, introduction and dissemination of new engineering products and processes for New Zealand industry. A primary goal under its mechanical engineering research programme is to reduce the vulnerability of New Zealand's buildings, plant and equipment to damage by earthquakes and other disturbances, by improved technologies. Another major activity of the DSIR is in the area of information on the nature and properties of New Zealand's lands and soils, which includes the collection and dissemination of information for land use and land restoration, planning and decision-making. The department's work on the nature and properties of geological structures of New Zealand, earth processs and associated hazards provides a basis for land-use planning and engineering construction.

442. DSIR also provides statutory and non-statutory grants to the Building Research Association of New Zealand, the Cement and Concrete Association of New Zealand and Central Laboratories. (Further detail of the structure of research associations is provided in the report under art. 15).

443. The Building Research Association of New Zealand has the aim of identifying and satisfying the information needs of the building industry in the interests of the whole community. Areas of recent research include fire safety science, heat and condensation problems in buildings, and the structural performance of buildings.

444. The Cement and Concrete Association of New Zealand (formed in 1988) has the objectives to expand the use of concrete in New Zealand with research and promotion, and to help the industry obtain better results through education and information. Activities include international technology transfer, investigation of the durability of concrete structures, and study into the greater use of marginal materials and aggregates.

445. Central laboratories is a research and testing establishment, with activities covering eight broad disciplines for finding practical solutions to engineering, scientific and architectural problems. Areas of its work relevant to housing are aerodynamics, building science, concrete, hydraulics and structures.

446. The Building Industry Commission was established in 1989 to review existing building regulations. One of its first objectives is to complete a simplified, uniform and performance-oriented building code. This code will

replace all local authority building by-laws and other building design regulatory provisions. A new building industry authority is to be established to oversee the introduction of this Code.

447. Local authorities administer housing regulations to ensure public standards of health, design, location and structural requirements. Legislation in this area includes the Housing Improvements Regulations 1947, the Local Government Act 1974, and the Town and Country Planning Act 1977. Draft legislation currently before Parliament in the Resource Management Law Reform Bill will influence the regulation of housing subdivision and development within the framework of a comprehensive environmental protection programme.

4. Special problems of housing, water supply and sanitary conditions in rural areas

448. The provisions of the Health Act 1957 and the Local Government Act 1974 relating to the regulation and inspection of water supply and sanitary services, etc, extend throughout urban and rural New Zealand. For example, under sections 25ff of the Health Act 1957, local authorities may be required to provide sanitary works such as drainage, sewage, and refuse collection. Reference may also be made to the report under article 12 for further information relating to the protection of hygiene.

449. To provide reliable water supplies both for domestic and agricultural use in rural areas, the Government has subsidized a number of rural water supply schemes in recent years.

450. The main policy development for housing in rural areas during the period under review was the introduction of the Papakainga scheme, described in earlier paragraphs.

451. The Housing Corporation has a number of mobile offices which take information and services to small communities, and is extending the use of these offices.

5. Measures taken for the protection of tenants, such as rent control and legal guarantees

452. The Residential Tenancies Act 1986 consolidated all existing tenancy law into one piece of legislation (the major laws thus repealed being the Tenancy Act 1955 and the Rent Appeal Act 1973). The new legislation affirmed the provisions of the Race Relations Act 1971 and the Human Rights Commission Act 1977 against discrimination in housing matters, and introduced two further protections for tenants.

453. Discrimination by landlords in granting or operating tenancies is prohibited on a number of grounds in section 12 of the Act. In particular, landlords may not discriminate against a tenant or prospective tenant because the person has a child (or is pregnant or not sterile), or because he or she is unemployed or likely to become unemployed. Section 12 also reaffirms the provisions of the Race Relations Act 1971 and the Human Rights Commission Act 1977, which outlaw discrimination by landlords on grounds of colour, race, ethnic or national origin, sex, marital status, or religious or ethical belief

454. Part III of the Act established a mediation service (administered by the Housing Corporation) to facilitate the resolution of disputes between landlords and tenants. Landlords and tenants are encouraged to resolve disputes themselves using a trained mediator from the Corporation's service, rather than proceeding to a formal court hearing. Where mediation is unsuccessful, however, either party may take their case to the Tenancy Tribunal established under the Act, administered by the Department of Justice. The jurisdiction of the Tribunal is set out in section 77 of the Act.

455. Both the mediation and tribunal services have been in heavy demand since the Act came into force. In 1988/89, 17,828 applications were received, compared with 10,994 in 1987/88. Of those, 10,728 were resolved by mediation and 7,100 went to a formal hearing of the Tenancy Tribunal, resulting in most cases, in a court order. To date, the Tribunal has not received any cases relating to discrimination under section 12 (and cases of discrimination on other grounds are dealt with by the Human Rights Commission or the Office of the Race Relations Conciliator). The most common reason for applications from landlords was for termination of tenancy for rent arrears, while applications from tenants mainly concerned the return of bond money.

456. Other features of the 1986 legislation include increased security of tenure for tenants, landlords being required to give tenants 90 days' notice to quit in most cases. Balanced against this are quicker eviction procedures for landlords, where the tenant is in serious breach of the tenancy. The Act also established a fund in which bonds payable by tenants are held in trust by the Housing Corporation. Interest from investment of this fund finances the Corporation's tenancy bond division, which administers the Act. While landlords may legally charge up to four weeks' rent as a bond, they must lodge any money received for that purpose with the tenancy bond office, together with a bond payment form signed by both landlord and tenant. Section 22 of the Act sets out procedures for the payment of claims against the bond. In cases where landlord and tenant disagree on the payment of a claim for damage to property, unpaid rent etc, the matter may be referred to the mediation service for resolution.

457. Tenants are protected under the Act against excessive rents or too frequent rent increases. Section 25 enables the Tenancy Tribunal to make orders reducing a tenant's rent to a level in line with market rates. Market rent is defined in the Act as "the rent that, without regard to the personal circumstances of the landlord or tenant, a willing landlord might reasonably expect to receive and a willing tenant might reasonably expect to pay for the tenancy, taking into account the general level of rents for comparable tenancies of comparable premises in the locality ..." Orders set by the Tribunal normally remain in force for six months.

458. In general, landlords may not increase rents more than every six months. Landlords are entitled, however, to increase the rent when they grant a new tenancy, even if the date of the increase falls within six months of the last increase for the previous tenant.

459. Landlords may also seek the Tribunal's approval to increase rent where substantial improvements have been made to the property or where large unforeseen expenses arise.

460. The tenancy bond division of the Housing Corporation has prepared a booklet entitled "Renting and You", to familiarize landlords and tenants with the provisions of the Residential Tenancies Act.

6. Statistical and other data

461. Tables 9 and 10 show the average weekly expenditure on household (1982-1989), and the types of tenure of occupied private dwellings (1976-1986).

462. In addition, a wide range of statistical tables relating to the housing situation in New Zealand in the period 1981-1987 is contained in the report of the National Housing Commission.

463. The New Zealand housing scene is characterized by a high ratio of homeowners. Figures from the latest census (1986) show that nearly 73 per cent of all dwellings were owner occupied. The remaining 27 per cent of households rent housing from the private sector, Housing Corporation or local authorities; or (a small but growing number) stay in hostels, institutions, boarding-houses or group housing facilities run by community-based agencies. Rental housing caters for people at all income levels but especially for households below the median market income levels. Nearly 36 per cent of rental housing is provided by the public sector, chiefly by the Housing Corporation but also by local authorities and other Government departments.

464. The Housing Corporation sets targets to house specific numbers of households per year. In 1988-89 it exceeded by 1,500 households its target of 23,500.

Table 9

Average weekly expenditure on household
1982-83. 1985-86. 1988-89

Average weekly household expenditure ($) *			Per cent of total net expenditure		
1982-83	1985-86	1988-89	1982-83	1985-86	1988-89
53.10	84.95	115.45	18.5	20.4	20.7

Source: New Zealand Household Income and Expenditure Survey, 1982-83, 1985-86, 1988-89.

* Averages have been rounded to the nearest five cents.

Table 10

Tenure of occupied private dwellings 1976-86

Tenure	1976 1/		1981		1986	
	Number	%	Number	%	Number	%
Owned with mortgage	387,340	(41.8)	423,362	(42.2)	446,250	(41.4)
Owned without mortage	255,457	(27.6)	287,343	(28.7)	339,420	(31.5)
Rented or leased	248,778	(26.8)	253,389	(25.3)	249,897	(23.2)
Provided rent free	31,574	(3.4)	33,528	(3.3)	30,585	(2.8)
Not specified	3,335	(0.4)	5,388	(0.5)	11,853	(1.1)
Total	926,484	(100.0)	1,003,113	(100.0)	1,078,002	(100.0)

Source: Census of Population and Dwellings 1976, 1981, 1986, Volumes on Dwellings, Department of Statistics.

1/ In addition to the New Zealand total of 923,251 occupied permanent private dwellings, this table includes a further 3,227 occupied temporary private dwellings.

VII. ARTICLE 12: RIGHT TO PHYSICAL AND MENTAL HEALTH

A. Principal laws

465. The principal laws concerning the right to physical and mental health are:

(a) The Health Act 1956 and amendments;

(b) The Social Security Act 1964 (Part II) and amendments;

(c) The Medical Practitioners Act 1968;

(d) The Mental Health Act 1969;

(e) The Clean Air Act 1972;

(f) The Accident Compensation Act 1982;

(g) The Area Health Boards Act 1983 and amendments.

General

466. Important legislation of the 1930s formed the basis for New Zealand's health services, and the underlying principle of State responsibility to ensure that health care should be equally accessible to all remains strong. Over the years a system of extensively State-funded services has been developed, the public sector overlapping at important points with the private and the voluntary sectors. For example, hospital care is provided free of charge for all major and immediate medical needs; while the primary health services of general practitioners are provided on a fee-for-service basis with the State paying part of the fee through a benefit. Except for a small element of benefits under the Accident Compensation Scheme, public sector funding of health services comes from general taxation. Public sector health services and benefits are universally available.

467. The adoption of the Accident Compensation Act 1972, and its amendment in 1982, was a major development in the New Zealand health system. The most significant other piece of legisation enacted during the period under review is the Area Health Boards Act 1983.

468. During the past decade, the funding and organization of public health services have been the subject of ongoing debat and controversy. Overall economic policies for greater efficiency and restraints on Government spending, together with the recognition that existing policies, though well intentioned, were not yielding the best results for all sectors of the society, have made it necessary to review funding and administration services, and indeed to scrutinize the appropriae role for Government in those areas.

469. The New Zealand Health Charter, adopted in 1989, is based on the Government's recognition of the right to health for all New Zealanders. The Charter states the Government's commitment to maintain a nationwide, publicly funded health system, with essential health care universally accessible, acceptable to individuals and the community, and affordable for the country. The Charter sets out 10 health goals for priority attention to the year 2000, and sets targets for specific outcomes in each of those areas. A copy of the

Charter, and New Zealand Health Goals and Targets, is provided among supplementary papers. Further detail is included in the following sections.

B. Health measures

1. Measures to reduce the stillbirth rate and infant mortality

470. Information provided in the report under preceding articles is also relevant. For example, policies for the provision of free pre-natal and post-natal care (art. 10) are an integral part of measures to reduce the stillbirth rate and infant mortality. Programmes to tackle housing problems (art. 11), especially the problems experienced by Maori and Pacific Island families in urban areas, recognize also the links between poor housing and childhood diseases or infant mortality. Aspects of the immunization programme described below are also relevant.

471. The Department of Health has responsibility for policies to improve the status of infant health in New Zealand, with particular emphasis on reducing the infant mortality rate. Sudden infant death syndrome (cot death) which accounts for the majority of infant deaths (and for which New Zealand has the highest incidence rates of any developed country) continues to be a priority area for the Department's work. It is to be added to the list of the New Zealand Health Goals and Targets as a matter of priority, where specific targets will be set, once the results of current research are available.

472. As indicated in tables 11 and 12, stillbirth and infant mortality rates are higher for Maori children. The Department of Health emphasizes the need for culturally appropriate strategies to tackle this problem, and greater efforts are being made to ensure the involvement of Maori in planning strategies. Examples of programmes to improve awareness of cot death risk are marae-based clinics and educative strategies through kohanga reo (language nests).

473. The Department is also working on the establishment of a standardized national perinatal database which will form the basis for further information gathering on child health.

2. Measures taken for the healthy development of children

474. As noted in the report under articles 9 and 10, many programmes of the Department of Social Welfare under the Social Security Act, particularly in the field of social work, have the goal of assisting families facing economic and social difficulties, as well as of providing better care and maintenance of children, especially neglected or disadvantaged children, or those in the care of the State.

475. Under section 29 of the Area Health Boards Act 1983, every area health board is required to appoint a service development group to advise it on child health (as well as on other health areas).

476. Apart from Government health agencies, a range of other organizations provide assistance to parents on the healthy development of children. Significant amounts of Government funding are provided to some of these voluntary agencies through the Department of Health. Chief among them is the Royal New Zealand Plunket Society, whose activities are largely financed from its own fund raising, supplemented by annual Government grants ($18 million in 1988-89).

Table 11

Neonatal deaths by ethnicity, 1967-86

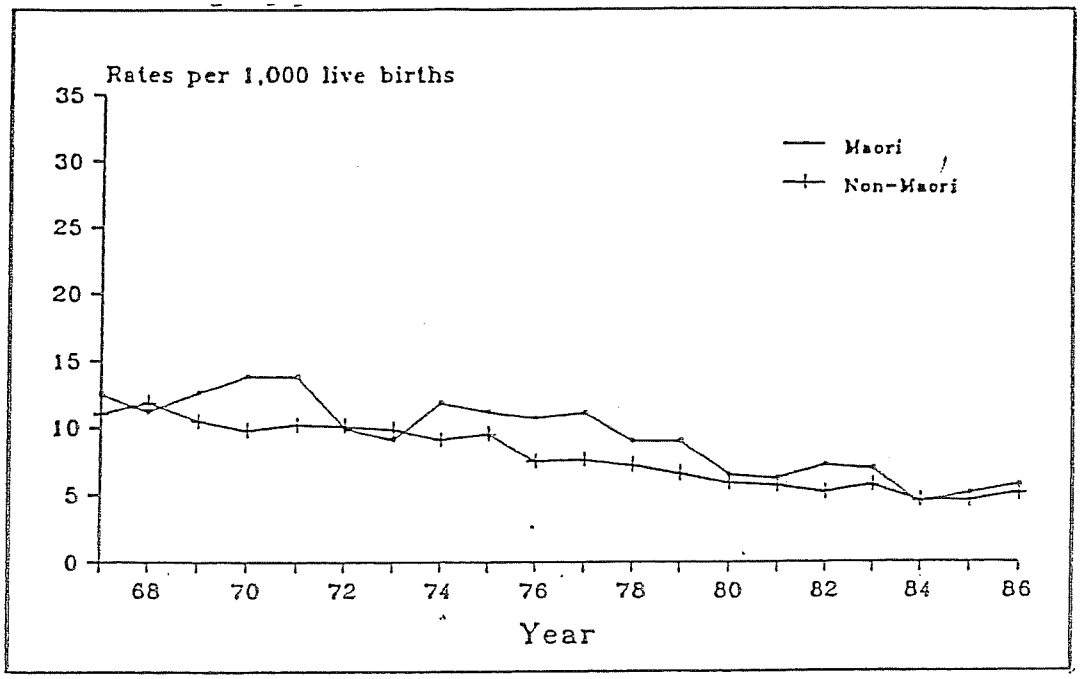
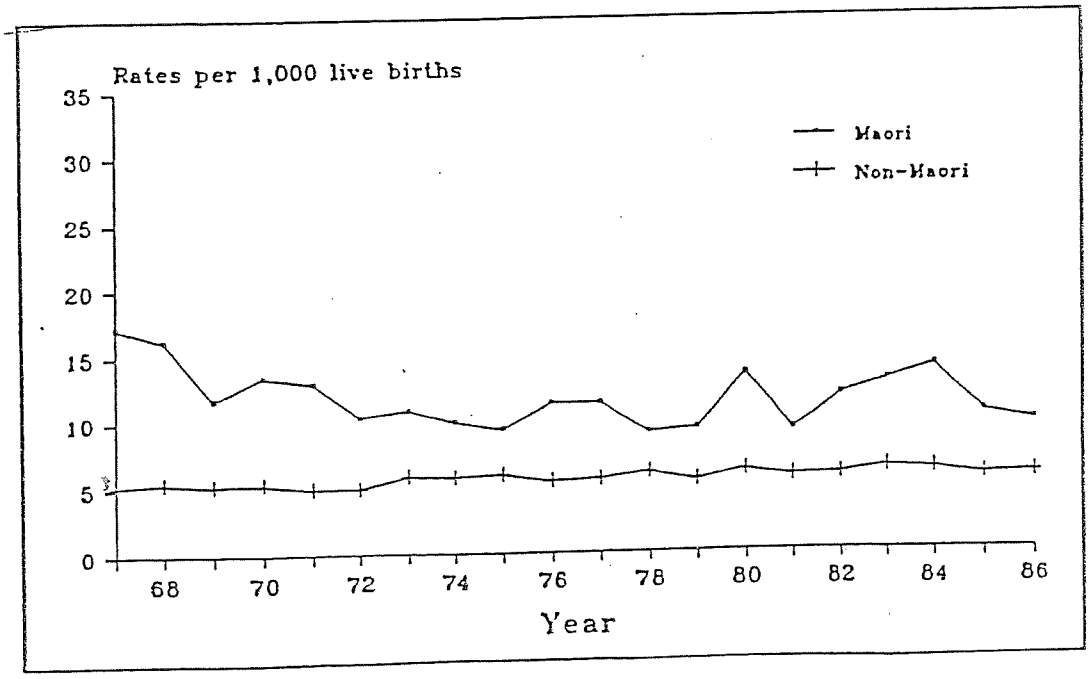


Table 12

Post-neonatal deaths by ethnicity, 1967-86



477. The area health boards, health development units of the Department of Health, and the Plunket Society provide a comprehensive child health service with a focus on prevention. Examinations by doctors are recommended (and are provided free, funded by the Department of Health) at about six weeks of age and again at nine months, and whenever there is anxiety about acute or chronic illness or development. The Plunket Society provides most preventive community health nursing services to infants and pre-school children. The Society runs clinics, family support units and new mothers' support groups, and its nurses visit new mothers at home. In addition, public health nurses based in area health boards' health development units are involved in many aspects of preventive, educative and monitoring child health activities.

478. In addition to nursing services provided in the child's first year, developmental health checks are recommended at 18 months and three years. Hearing tests in the pre-school period are also recommended. When necesssary, children are referred to family doctors, or to medical officers or community paediatricians employed by the Department of Health.

479. Section 125 of the Health Act provides for area health board medical officers to examine schoolchildren or children in child-care centres, and to notify their parents or guardians of any condition affecting the child's development, or of any disease or defect from which the child may be suffering. A consultative service is accordingly provided to schools by public health nurses with special emphasis on the health supervision of handicapped children, and with referral as necessary. Public health nurses examine and assess the health of all children starting school, with parent participation encouraged. Hearing and vision tests are performed at school entry and at subsequent intervals, or on request.

480. Child health remains one of the chief concerns of the recently restructured public health system. Several of the Health Goals and Targets of the new Health Charter have a specific focus on child health, especially on particular problem areas. Targets and strategies as well as monitoring processes have thus been developed in relation to the goals for hearing, nutrition, asthma and motor vehicle accidents. For example, chronic hearing loss affects up to 10 per cent of children, mainly as a consequence of acute middle-ear infection (otitis media). Poor hearing adversely affects speech, educational and social development. As chronic otitis media is inversely associated with socio-economic status, Maori and Pacific Island children are at higher risk than others, though the infections are preventable. The Health Charter sets a target of reducing the failure rate on school entry hearing tests to 8 per cent or less by 1995 and to 5 per cent or less by the year 2000.

481. Under the Dental Act 1988, free dental care is available to all children from 2 1/2 years to 16 years of age, or 18 years if still dependent. Dental care is delivered by means of the school dental service for primary and intermediate school children, and dental benefits for adolescents. The Department of Health also produces dental health education material for the school dental service and for general use in the community.

482. The Children's Health Camp Act 1972 governs the administration of seven permanent camps for the short stay placement of children convalescing after illness, for those whose physical health is unsatisfactory, and for those suffering from minor emotional disorders. Public health nurses refer children to camps, where medical officers undertake general health supervision. The

daily routine of camp life is designed to benefit children with its balance of free activity, rest and sleep, as well as nutritious diet. School classes emphasizing remedial teaching are maintained by the Ministry of Education. Approximately 4,700 children attend the seven health camps in any one year.

483. The Ministry of Transport has a programme for the promotion of child car-seat safety and general aspects of road safety for children.

484. Section 64B of the Hospitals Act 1957 provides for the establishment of family health counselling centres by hospital boards, for the purpose of improving the standard of family health.

3. Environmental and industrial hygiene

485. A comprehensive review of legislation relating to the use of resources, the environment, and occupational safety and health has been conducted between 1985-89. Draft legislation covering, inter alia, pollution and industrial hygiene in the workplace is currently before Parliament in the Resource Management Law Reform Bill.

486. The new legislation will not change the provisions of the Health Act 1956 and the Area Health Boards Act 1983. The Department of Health will continue to provide key policy advice to the departments responsible for administering the new legislation in respect of environmental and industrial hygiene and the prevention of pollution.

487. Under present legislation, local authorities are responsible as part of their public health duties providing sanitary works, for the abatement of nuisances and conditions which are injurious to health, for the regulation of "offensive trades", and for the control of air pollution from small industries. Section 25 of the Health Act empowers local authorities to provide drainage, public sewage disposal, refuse collection and other related services under the definition of sanitary works. Section 29 of the Act defines the various forms of nuisance, relating to drainage, vermin, dampness, overcrowding, noise, ventilation, smoke, etc in respect of which an offence may be committed. Section 33 describes the proceedings in respect of nuisances, under which the district court may make orders for rectifying them.

488. Local authorities must appoint health inspectors qualified under the Health Inspectors' Qualifications Regulations 1975. Where a local authority is too small to need a full-time inspector, it may combine with another authority to share the cost of employing one.

489. The Department of Health, through area health boards, supports and provides advice to local authorities on the monitoring and improvement of environmental hygiene and pollution control. Programmes operated by the Department in this area include health protection services, periodic surveys of environmental and industrial hygiene conditions, air pollution control, financial incentives for other authorities, and staff training.

490. Public water supplies are graded in respect of the quality and protection of the source water, the treatment method and the management of the plant every five years. Local and regional authorities have since 1969 been eligible for a subsidy from central Government, provided through the Department of Health, to improve water supplies and solid waste management based on health criteria, and to encourage fluoridation.

491. Emphasis is now being given to subsidies for the development of hazardous waste disposal facilities. The Department of Health has prepared several codes of practice and guidelines to improve knowledge of hazardous substances and their controlled disposal. For example, over recent years an inventory of all polychlorinated biphenyls has been established which permits improved management of their disposal.

492. Increasing numbers of tourists are visiting New Zealand and the Department of Health is encouraging the building of waste disposal facilities by various authorities for mobile camper vans and for casual campers.

493. Land use is classified by local Government under the Town and Country Planning Act 1977. Legislation has the object of ensuring the rational progress of urbanization, with allowance made for adequate recreational and industrial facilities.

494. Section 3 of this Act declares a number of matters to be of national importance, and directs that, as such, they are to be recognized and provided for in the preparation, implementation and administration of regional, district and maritime schemes. The matters of national importance are:

(a) The conservation, protection, and enhancement of the physical, cultural and social environment;

(b) The wise use and management of New Zealand's resources;

(c) The preservation of the national character of the coastal environment and the margins of lakes and rivers, and the protection of them from unnecessary subdivision and development;

(d) The avoidance of encroachment of urban development on, and the protection of, land having a high actual or potential value for the production of food;

(e) The prevention of sporadic subdivison and urban development in rural areas;

(f) The avoidance of unnecessary expansion of urban areas into rural areas or adjoining cities;

(g) The relationship of the Maori people and their culture and traditions with their ancestral land.

495. A Ministerial portfolio for the environment and a Commission for the Environment were established in 1972. In 1985 the Commission was replaced by a full Ministry for the Environment. Under the terms of the Environment Act 1986, the Ministry provides the Government with advice on environment policy issues. The overall mission or goal of the Ministry is to ensure that natural and physical resources are managed to sustain and enhance environmental quality and human wellbeing. The Ministry advises and recommends the processes to be followed in meeting the requirements and overall administration of environmental protection and enhancement procedures.

496. The Environment Act 1986 also established the Office of the Parliamentary Commissioner for the Environment, as an Officer of Parliament. The Commissioner acts as an environmental ombudsman, undertaking audits of environmental impact reports on projects of major environmental significance. Members of the public can raise any matter of concern about the effects of pollution etc.

497. Industrial air pollution is controlled under the Clean Air Act 1972. Premises known to emit air pollutants are licensed and occupiers are required under section 7 of the Act to use the "best practicable means of control" for containment. (The draft resource management legislation currently before Parliment provides for an integrated approach to the control of all forms of pollution using the "best practicable option" principle). The Department of Health is responsible for licensing about 350 major industrial processes, and local authorities control about 1,000 smaller processes. All licensed premises are monitored to ensure they meet their licence conditions. Air is also monitored regularly near most population centres. The Act provides for penalties for offences against its provisions.

498. Clean air zones may be created under section 12 of the Clean Air Act where pollution is severe enough to warrant special controls on the emission of air polllutants. Such zones have been established for Christchurch City and surrounding urban areas because of a particular problem with domestic coal smoke. The Act provides for the control of domestic heating appliances and for grants to help with the costs of installing electric space and water heaters as a means of reducing coal smoke emissions from domestic fires.

499. New Zealand is a nuclear free country. A Royal Commission of Inquiry into Nuclear Power Generation in New Zealand in 1978 concluded that it was unlikely that New Zealand would need to commission a nuclear power station before the turn of the century, or possibly for many years beyond that. The environmental consequences of a possible unforeseen nuclear accident were one of the Commission's concerns. New Zealanders have shown a continuing concern over nuclear issues in general, which were reflected more recently in the enactment of the New Zealand Nuclear Free Zone, Disarmament and Arms Control Act in 1987.

500. The use of radioactive materials such as it is, is regulated by the Radiation Protection Act 1965 and Regulations 1973, administered by the National Radiation Laboratory. Prior approval must be obtained for the import or export of any radioactive material. Each owner or irradiating apparatus (source of X-rays) or radioactive material must ensure that they are used only under the control of a licensed person. The Laboratory provides licensees with monitoring, advisory, calibration and other services to promote radiation safety. Trained officers regularly visit all places where sources of ionising radiation are used, and a service is available for measuring the exposures received by radiation workers.

501. Toxic substances used in New Zealand must be registered under the Toxic Substances Act 1979. Importers of toxic substances must notify the Department of Health prior to importation. The Department can then demand a detailed report on the substance.

4. Comprehensive schemes including vaccination programmes to prevent, treat and control epidemic, endemic, occupational and other diseases and accidents in urban and rural areas

502. The Department of Health is responsible for programmes to reduce or control the spread of communicable diseases, and for promoting immunization policies and programmes, including the provision of the necessary vaccines.

503. The Health Act 1956 and enabling regulations govern the notification and other aspects of control of the spread of infectious/communicable diseases. Special powers are given to the Medical Officer of Health under section 70 of the Act to prevent the outbreak or spread of any such disease.

Immunization policy

504. In line with World Health Organization policy, New Zealand gives emphasis to the importance of primary health care, and this is especially appropriate in relation to immunization. The Department of Health several years ago began issuing a free "Health and Development Record" booklet to parents at the birth of their child. The booklet sets out clearly the types of immunization recommended and when they are due, and when filled out provides parents with a complete record of immunizations given to each child. This system has proved very successful. Immunization is carried out mainly by general practitioners or their practice nurses. A Government subsidy is paid when a doctor carries out an immunization procedure. A subsidy is also provided for the hire of practice nurses, who may take on health education and health promotion activities in the practice as well. Vaccinations are also carried out by public health nurses employed by the Department of Health, or by Plunket nurses, where families are having difficulty getting to a general practitioner.

505. When their children start school, parents complete a questionnaire giving details of the child's immunization status. Children who have not yet been adequetly protected are then offered immunization by pulblic health nurses. Rubella immunization of all girls aged about 11 years is routinely offered by public health nurses. This coverage will in late 1990 be extended to all children in a combined mumps, measles, and rubella vaccine to replace the measles vaccine at 15 months of age.

506. New Zealand has a significant prevalence of Hepatitis B (though this was not fully appreciated until the late 1970s) and has responded with a radical, extensive immunization programme.

507. Data collected in a 1985 study using sera collected in each of New Zealand's 18 health districts showed a prevalence of Hepatitis B antibody in Europeans of 10 per cent with a 2 per cent carriage rate, and in Maoris of 25 per cent with a 6 per cent carriage rate. The prevalance in the north of the North Island was approximately three times that of the South Island.

508. New Zealand has developed an immunization programme based on a low dose vaccine. From 1988, all newborn babies became eligible for free immunization, babies of carrier mothers being given full dose vaccine. Free immunization is also offered to the household contacts and sexual partners of women identified as carriers during ante-natal screening. The Department of Health is also immunizing all pre-school children as a once-only catch up programme, in view

of their high risk of infection leading to the carrier state. In a further extension of the programme from February 1990, the Department offers free vaccination of all children under the age of 16 years and the sexual partners and household partners of all carriers. This programme is being conducted primarily by general practitioners (as well as private agencies in some areas) and will be complemented by specific programmes for high risk communities by some area health boards.

509. An epidemic of Group A meningococca meningitis occurred in the mid-1980s in the Auckland region. Notifications increased in 1986 with 190 cases and 16 deaths reported, of which 134 cases and 11 deaths occurred in the Auckland area. A vaccination programme was conducted by the Department of Health in 1987/88. Over a six week period in May 1987 children from 3 months to 12/13 years were offered free immunization, a successful programme with about 90 per cent of the target group being reached. A mop-up programme in February 1988 again offered the vaccine to Auckland children in the same age group who had not been reached during the 1987 campaign. Community health workers played a major role in the second stage of the campaign. On the basis of the resulting extensive coverage of the target group, epidemiological control was achieved, and notifications of the disease have returned to "normal" endemic levels.

510. Information on immunization coverage is based on the claims for payment sent in by doctors, local population data, vaccine distributed from sera stores, answers to questionnaires completed by parents of school entrants, five yearly Schick testing programmes and serological studies. The variety and complexity of collection and recording methods used give only an imprecise picture of coverage. Estimated figures are given in tables 13 and 14.

Table 13

Percentage of Children Immunized

	1987	1988
(a) By General Practitioner/Department of Health		
Triple vaccine	69	71
Double vaccine	81	not available
Poliomyelitis vaccine	75	70
Measles vaccine	67	85
(b) By School Immunization Statistics*		
Fully protected (diphtheria, tetanus, poliomyelitis, measles) at school entry	71	64
Fully protected after school immunization programme	90	82

* Statistics were not available from some districts, therefore 1987 statistics give a more complete picture.

Table 14

Percentage of Children Protected against Diphtheria

	1987	1988
By Schick testing of primary school children 1978-1982 aged 5-11	92	

The 1985 National Immunization Survey showed an overall seroprevalence rate for morbilli of about 80 per cent for 5 year olds.

511. On the recommendation of the Communicable Disease Control Advisory Committee (which advises the Minister and the Department of Health), a national immunization register requirement study was completed in 1988 to define an adequate basis for better data collection and processing. It is hoped to implement this register in 1991 with the aim of introducing a more efficient and effective follow up mechanism, enabling higher immunization coverage especially of those most at risk.

512. The incidence of diseases targeted through the immunization programme is known for poliomyelitis, diphtheria and tetanus because of the statutory requirement to notify them. Measles and pertussis are not notifiable, so information on their prevalence depends on voluntary reporting by doctors and hospital admissions. The following table shows the average number of cases of diphtheria, tetanus and poliomyelitis notified over five yearly periods 1940-1979, and annually since 1980.

Table 15

Diphtheria, Tetanus and Poliomyelitis

Average Number of Cases/Annum Notified over Five Yearly Periods up to 1979 and Annually since 1980

	DIPTHERIA	TETANUS	POLIO
1940-1944	587	19	56
1945-1949	675	19	316
1950-1954	67	30	287
1955-1959	29	32	347
1960-1964	5	24	45
1965-1969	6	15	0
1970-1974	6	9	2 in 1970
1975-1979	2	6	1 in 1977
1980	1	2	0
1981	0	4	0
1982	1	5	0
1983	4	5	0
1984	2	7	0
1985	0	3	0
1986	1	3	0
1987	2	4	0
1988	0	1	0

513. There is an active anti-immunization lobby in New Zealand. This has on occasion caused difficulties where urgent immunization procedures are required, such as the meningococcal meningitis campaign. On the other hand, its role may also be seen as useful in stimulating debate and programmes to ensure parents receive accurate information about immunization.

Diseases and accidents

514. As noted earlier, many of the health problems experienced in New Zealand are preventable, stemming from lifestyles including dietary and environmental factors. Recognition of this is reflected in the New Zealand Health Goals and Targets.

515. For instance, tobacco smoking is the most preventable cause of death in New Zealand. Fifteen per cent (4,000) of all deaths in people aged between 15 and 60 years are caused by cigarette smoking each year. Twenty per cent of all cancer deaths and about 1,800 heart disease and stroke deaths each year are caused by smoking. Rates of smoking for Maori people are higher than for others, with a correspondingly higher incidence of related diseases. Present strategies to reduce smoking include legislative restrictions on tobacco advertising and promotion, and requirements for smoke free zones; restrictions on sale of cigarettes to children; anti-smoking education programmes; and taxes on tobacco. Under the Smoke Free Environment Act 1990, all local media advertising of tobacco, and indirect advertising through sponsorship (e.g. of sports) is banned in New Zealand.

516. Cervical cancer has become a priority for the Health Department in recent years. Incidence of the disease is increasing in women under 40 years of age, and rates are almost three times as high for Maori women as for non-Maori. Following a journalistic investigation of treatment and monitoring of cervical cancer at the National Women's Hospital in Auckland, a Commission of Inquiry was appointed in 1987 in which the Commissioner, Judge Silvia Cartwright, made a number of recommendations for changes to existing procedures, including the requirement for women to be given full information and the opportunity for involvement in decisions about their own treatment.

517. Based on another recommendation by the Inquiry, the Department of Health has recently developed a national cervical screening programme administered through the area health boards. A national coordinator for the programme was appointed in April 1990. Cervical cancer is one of the ten health issues addressed in the New Zealand Health Goals and Targets.

518. Unintentional injuries account for 5 per cent of all deaths in New Zealand and are the main cause of admission to hospital. The major cause of death in this category are motor vehicle accidents (52 per cent), falls (21 per cent) and drowning (8 per cent). Up to the age of 45, motor vehicle crashes are the major cause of all deaths. The New Zealand Health Goals and Targets include strategies for reducing unintentional injuries, and with regard to car accidents, call for an integrated strategy involving the Department of Health, the Ministries of Transport and Education, the Alcoholi Liquor Advisory Council (see below), and others. Medical rehabilitation is provided by public hospitals with cooperation from other agiencies. A small physiotherapy benefit is available for physio treatment recommended by doctor

519. Alcoholism rates is a serious public health problem in New Zealand. It is estimated that 6 per cent of general hospital admissions and 20 per cent of psychiatric hospital admissions are alcohol-related.

520. The New Zealand Health Goal on alcohol misuse is to reduce alcohol-related health problems in New Zealand by reducing alcohol consumption. The target is to reduce the consumption of alcohol per person 15 years and over by 10 per cent by 1995 and by 20 per cent by the year 2000.

521. The Alcoholic Liquor Advisory Council was created under statute in 1976 to encourage and promote moderation in the use of liquor, to discourage its misuse, and to reduce the personal, social and economic consequences of its misuse. The Council is funded primarily from levies on alcohol, receiving $6.2 million in 1989. It conducts surveys of alcohol use, assists with hospital boards' establishment of assessment and treatment facilities, develops education resource material, and trains alcoholism counsellors.

522. The health sector including area health boards and the Alcoholic Liquor Advisory Council is the major funder of alcohol and drug education, treatment, rehabilitation, training and research. Area health boards will spend an estimated $15 million on this in 1990/91.

523. The Ministry of transport controls traffic on motorways and on most roads in New Zealand except in some cities and boroughs where it is controlled by local authorities. Though not part of the police force, traffic officers form a uniformed and disciplined enforcement body. Officers are able to use a wide range of tests where it is suspected that a driver is affected by drugs or alcohol, including the power of arrest. Breath testing may also be used. Wearing seat belts is compulsory, and motor cyclists and pillion passengers must wear safety helmets. All vehicles using the roads must be inspected every six months to ensure satisfactory mechanical and structural fitness.

524. The Ministry of Transport conducts extensive road safety education campaigns through the media and through special courses. The New Zealand Defensive Driving Council provides a safety course for all licensed drivers.

525. Policies to prevent the spread of AIDS have been developed in coordination with international agencies and community groups. AIDS was added to the list of infectious diseases requiring notification to the Medical Officer of Health in 1983. A blood screening programme was initiated in 1985.

526. Since October 1985, Elisa screening of donated blood has been carried out at the six blood transfusion centres in the country. Currently Wellcome HIV antibody test kits are used. Donors with HIV infection and those who may engage in high risk behaviour are discouraged from giving blood. So far the number of confirmed HIV antibody positive tests (through blood screening) is 14 (0.0015%). Since the donor screening programme was introduced there has been no known HIV infection related to blood transfusion.

527. The AIDS Foundation was established in 1984 to coordinate information/prevention programmes and has played a vital role, along with other voluntary and community agencies, in the campaign to limit the spread of AIDS in New Zealand. In 1990 the AIDS Foundation published an information booklet "Living with AIDS" for free distribution by general practitioners.

528. Information on measures to promote occupational health and safety is given in the report under article 7 (Right to Just and Favourable Conditions of Work).

5. Comprehensive plans and specific measures to assure to all age groups and all other categories of the population, including in particular in rural areas, adequate health services including adequate medical attention in the event of sickness or accident

529. As noted elsewhere under this section of the report, an extensive system of health benefits is universally available in New Zealand.

530. The New Zealand Health Charter referred to in the introduction to this Article has the overall goal of protecting and immproving the health of New Zealanders. The principles for health care set out in the Charter as the basis for the public health service are: respect for individual dignity, equity of access, community involvement, disease prevention and health promotion, and effective resource use. Ten health goals identified in the Charter address important causes of death, disease or chronic disability, in the areas of: smoking; nutrition; alcohol; high blood pressure; motor vehicle crashes; hearing; asthma; coronary heart disease/stroke; cancer (Melanoma and Cervical Cancer).

531. Specific target outcomes for the year 2000 which have been set for each goal will be given priority in health policies. This will entail changes in existing resource allocation patterns and increased coordination both within Government and between the State, private and voluntary health sectors.

Accident compensation

532. People resident in New Zealand, or visiting the country from overseas, are covered by the Accident Compensation Scheme for accident prevention, treatment and compensation. Its objectives as defined in the Act are to promote safety, to promote the concept of prompt and effective rehabilitation and to provide prompt, fair and reasonable compensation to every accident victim.

533. The Act is administered by the Accident Compensation Corporation (ACC), controlled by a board of up to directors of whom six are recommended by the Minister of Labour. ACC has regional and district offices throughout New Zealand. Under the compensation provisions of the Scheme, people are covered against personal injury by accident under a single comprehensive programme. Victims of motor vehicle accidents qualify for all benefits including earnings related compensation (provided they receive earnings in New Zealand). Details of benefits are given below.

Earnings related compensation

534. Payment of compensation for the loss of earnings is made at the rate of 80 per cent of normal average earnings at the time of the accident, subje to a maximum of $1,179 per week.

535. No payment is made for the first week after the accident but if it happens at work (including travel to and from work) an employer is generally required to pay an employee 80 per cent of normal earnings. ACC pays earnings related compensation thereafter, during any period of incapacity, to all earners regardless of how or where the accident occurred. Full compensation is paid during periods of total incapacity, and partial compensation during partial incapacity. In some special circumstances, compensation for loss of potential earnings may be awarded.

536. Full-time self-employed persons also qualify for loss of earnings at the rate of 80 per cent of normal average earnings, but only after the first week, whether or not the accident happens at work. To protect these people, who may have an artificially low income, there is a minimum level of compensation and the option of electing to have assessable income based on the average weekly wage.

537. Weekly payments generally cease at the age of 65, but can continue until the normal retiring age for a particular job.

Other compensation

538. Tourists and people not earning (people working in the home, children, students and retired people) are eligible for all other benefits under ACC. These include compensation for medical and hospital expenses, cost of transport to hospital, wages paid to an attendant or nurse, and reasonable expenses resulting directly from the accident. The injured person may also qualify for a lump sum payment for permanent loss or impairment of bodily function; for loss of capacity to enjoy life; for pain and mental suffering; or for disfigurement. In addition, people working in the home injured in an accident may, if justified, qualify for the cost of home help; or in certain circumstances the spouse may be compensated for loss of earnings while she or he takes on the work at home.

Fatal claims

539. In the event of a fatal accident, ACC pays reasonable funeral expenses. The dependent spouse of an earner who dies as the result of an accident can qualify for the first three-fifths of the earnings related compensation the deceased would have received had he or she survived, but totally incapacitated.

Mental health services

540. Mental health services are currently in a state of change. In particular, a shift is occurring from hospital based to community based psychiatric care, paralleling moves in other areas away from institutionalization. There has also been an increase in the number of psychiatric units in general hospitals (from 11 in 1974 to 17 in 1989). Hospital boards and community organizations are involved in setting up services in the community such as hostels and activity/day care centres. Community organizations are however hampered in such programmes by severe shortages of funds. The Department of Health encourages hospital and area health boards to support these groups locally from board funds. The aim of such policies is to improve access to treatment and support services and reduce the disruption to home and work life which could result from admission to a distant psychiatric hospital.

541. The National Mental Health Consortium was convened in 1988 by the Departments of Health and Social Welfare to address the issue of the provision of community based mental health services. The Tangata Whenua (indigenous people), Consumer and Consortium Reports make a number of recommendations in areas relating to funding, service delivery, crisis care, accommodation, daily living support, and staff training. The report is currently being considered by the Government.

542. The treatment of mentally disordered offenders has also been the subject of official concern. A number of inquiries, working parties and investigations have addressed questions relating to their treatment and who should be responsible for such people (in particular, with regard to the interface between the criminal justice system and the psychiatric hospitals).

543. Draft legislation currently before Parliament in the Mental Health (Compulsory Assessment and Treatment) Bill is designed to redefine the circumstances in which people may be subjected to compulsory psychiatric assessment and treatment, to define and provide better protection of the rights of such people, and generally to reform and consolidate the law relating to the assessment and treatment of the mentally ill.

Maori health

544. Health indicators for Maori, as compared with those for non-Maori, continue to reflect the overall lower levels of health experienced by Maori people. Maori health is a priority area for the Health Department. Planners now seek to ensure that programmes to tackle health problems particularly affecting Maori reflect a more integrated approach to health along lines of Maori traditional belief. According to that belief, spiritual, mental, and family wellbeing are important elements of the health of the individual and the wellbeing of the wider community. Several of the Health Goals and Targets address health problems which are more acute for Maori than non-Maori. Information on programmes to combat health problems such as sudden infant death syndrome and Hepatitis B, to which Maori are particularly vulnerable, has been given in preceding sections of this report. Further detail of strategies to improve the health of Maori is also contained in New Zealand's reports to CERD.

Women's health

545. Although women's health has not been a particular priority in New Zealan in the past, recent developments have brought increasing awareness of its complexity. Health policy now recognizes that specific groups of women such as Maori women and elderly women have particular health needs. Many of the Health Goals and Targets thus have special relevance for women. A National Advisory Committee on Women's Health Provides advice to the Minister of Heal and the Department. The Ministry of Women's Affairs is also active in this area, with inputs to the establishment of the national cervical screening programme a recent priority. The Ministry in 1988 published "Women's Health What Needs to Change", and collaborates closely with area health boards to help them meet the needs of women.

ealth care for the elderly

46. People over 65 make greater use of health services than the rest of the opulation, and have higher rates of hospitalization, although this is often ecause of dependency rather than for medical reasons. In the provision of ld people's homes and hospitals there is a considerable overlapping between he public, private and voluntary sectors. Private hospitals receive a overnment subsidy for geriatric patients on a per patient per day basis, to he value of $27.75 per day. The Geriatric Hospital Special Assistance Scheme nables area health boards to place patients in private hospitals when no ublic hospital beds are available, and to claim reimbursement from the Department of Health. Patients are also required to pay part of the costs of the fees from their own income, but may keep assets up to a certain level.

547. The Department of Social Welfare provides a subsidy to meet the balance of fees charged by private and religious rest homes. This Special Rest Home Subsidy Scheme takes both assets and income into account. The asset limits are $5,665 for a single person and $11,330 for a couple. Until 1990, capital subsidies for buildings, improvements and fire protection systems were also available. Responsibility for this subsidy will transfer to the Department of Health with effect from 1 July 1990. Other subsidies are given towards the cost of day care services and staff salaries.

Rural health services

548. Surveys indicate an uneven distribution of General Practitioners, with rural and low income urban areas less well served than more affluent areas (where health needs may be less anyway). Since 1969, an incentive bonus has been payable to general practitioners (GPs) in designated rural areas. Elements of the bonus include an additional 10 per cent of the General Medical Services benefit, special Housing Corporation loans to help local authorities provide doctors' accommodation, a motor vehicle allowance, and subsidies for locum employment. Another scheme introduced in 1982 provides special loans to doctors to encourage them to set up practice in areas experiencing recurring doctor shortages.

549. District nursing services are provided free by all hospital boards, under the Social Security (District Nursing Services) Regulations 1964.

Other services

550. Student health services were introduced in 1957 for university students and later extended to teachers' colleges and technical institutes. Student health services may claim benefits additional to the General Medical Service Benefit.

551. The Department of Health encourages industry to develop preventive medical and nursing services and many industries employ an occupational health nurse. In some areas the Department's occupational health centres serve as a base for a preventive service to small industries, and in other visiting occupational health nursing services are provided. Area Health Boards are required to operate their own ambulance services unless they make separate arrangements with a subsidized voluntary agency. The Order of St John and the Wellington Free Ambulance are notable examples of such organizations.

6. Main features of existing arrangements for the provision of medical care and methods of financing them

552. Most medical care in New Zealand is provided by the public sector, with a growing role for the private sector, and a diverse range of services provided by the voluntary sector. Government funds are distributed by the Department of Health. The Department of Health operates under the Health Act 1956. It provides policy advice to the Minister of Health and administers health legislation and regulations. It promotes health and encourages cooperation on all health matters. The Department has responsibility for determining the numbers and kinds of workers needed to ensure an adequate health service. Training for health professionals is funded by the State.

Medical benefits

553. Information is available in the report under articles 9 and 10.

554. The bulk of medical services are publicly funded and provided. The public sector, through the area health boards, provides free treatment at hospitals for immediate and major medical needs. Outpatients at public hospitals also receive free treatment, and medical aids and appliances may also be provided free of charge.

555. The main benefit in the primary health area is the General Medical Services Benefit, introduced in 1941, which is a subsidy on doctors' consultation fees to patients. Doctors claim the benefit direct from the Department of Health on the patient's behalf. It is paid at differing rates for children and young people, beneficiaries, pensioners, the chronically ill, and ordinary patients. Subsidy levels are set by law on a dollar basis. Subsidy levels are $16 for a child, $12 for a beneficiary, and $4 for an adult. Patients meet the rest of the charge themselves (although if the consultation relates to an accident, most of the costs may be reimbursed by the Accident Compensation Scheme). In practice the fee subsidy is a relatively small proportion of the total cost: one consequence of this has been the significant growth of private health insurance in New Zealand.

556. The share of general practitioner services funded out of ACC has greatly increased in recent years. Between 1982 and 1986, the numbers of services reimbursed in this way grew from 1.8 million to 2.6 million, a 44 per cent increase (although the total number of consultations remained stable).

557. The escalation in costs of the scheme has sparked increasing public debate as to its viability under current arrangements. At the same time, it has been noted that the availability of fee reimbursement for accident related services, but not for those relating to chronic illness, has given rise to inequities. Consideration is therefore bieng given to changes to the system in order to extend its benefits to the chronically ill as well.

558. Other services are subsidized to varying levels. Maternity benefits cover the costs associated with childbirth including pre- and post-natal consultations. Home nursing is free when provided by a registered nurse or

midwife employed by an area health board or other approved organization. Most X-rays are subsidized if carried out on a doctor's recommendation, and free if taken in a public hospital. Essential vaccinations are free. In addition to the free dental treatment available to those under 16 (or under 18 if still dependent), public hospitals have dental departments which provide a free service to patients.

559. Specific benefits, usually as a contribution to initial costs and replacements, are available in various circumstances for artificial aids such as hearing aids or wheelchairs.

560. Patients pay a flat charge for prescribed pharmaceuticals of $2 or $5 according to population categories based on age, beneficiary status, and nature of the illness. In most cases, remaining costs are met from Government subsidy. The 1986 Health Benefits Review (see below) noted that, at $346.3m in 1985/86, pharmaceutical benefits were taking up nearly two thirds of the budget for primary care health benefits. Changes to existing arrangements were recommended to bring about greater awareness by all involved of the true costs of medication.

561. Treatment in public psychiatric hospitals run by area health boards is free, and hospital benefits are available for the costs of treatment in approved private psychiatric hospitals. As noted elsewhere in the report, the trend over recent years away from hospitalization or institutionalization of psychiatric patients, towards community-based care, has necessitated increased attention to the special housing and other needs of former patients. Problems associated with the transition from hospital to community care are still being resolved.

Private sector

562. The private sector in health includes general practitioners, practice nurses, dentists, pharmacists, physiotherapists, medical specialists and private hospitals. All their services are to some extent subsidized by State funding, as for example through the General Medical Services Benefit. All private health services are governed by the same legislation as parallel services in the public sector.

563. A feature of the New Zealand health scene during the period under review has been the growth in private health insurance, which as many as 1.3 million New Zealanders have taken out to reimburse the costs of their consultations with GPs, and to finance surgical and medical care in private hospitals. There are five medical care friendly societies in New Zealand. Members pay a premium in return for partial or full coverage of the cost of private hospital or private practitioners' services.

Voluntary sector

564. The voluntary sector makes a vital contribution to health care in New Zealand, and consists of organizations of all sizes. Some are organized nationally (or internationally). Larger agencies may run hospitals for the care of adults or children during the day. Some focus their activities on specific diseases or disabilities, e.g. Foundation for the Blind. Some

undertake research and educational programmes as well as providing support services. Particularly in the area of geriatric care, there is considerable overlapping between the private, voluntary and public sectors. Many elements of Government policy are aimed at encouraging community involvement and decentralizing health policy and service development. There is considerable Government funding of voluntary agencies, mainly by the Department of Health but also through related programmes of departments such as Social Welfare, Maori Affairs and Women's Affairs.

Area Health Boards

565. Efforts to improve coordination of services in the public, private and voluntary sectors culminated in the Area Health Boards Act 1983, which integrated public health agencies (hospital boards and district offices of the Department of Health) to form area health boards. The Act provides for two or more hospital boards to amalgamate to form an area health board. The primary objectives of boards are described in section 9 of the Act as:

(a) To promote, protect and preserve the public health, and to provide health services;

(b) To provide for the effective coordination of the planning, provision and evaluation of health services between the public, private and voluntary sectors;

(c) To establish and maintain an appropriate balance in the provision and use of resources for health protection, promotion, education, and treatment services.

566. Area health boards have now been established throughout New Zealand. They consist of up to 14 members elected every three years as representatives of the districts within the area covered by the board; and a number of appointed members. Through the introduction in 1989 of annual contracts between them and the Minister of Health, they are accountable to the Minister for their delegated responsibilities, as well as to the communities whose health interests they represent.

Methods of funding

567. The public sector meets over 80 per cent of the total cost of health care. For the 1989/90 financial year, $3,821,305,000 was allocated to the health sector. Funding is sourced from general taxation revenue. There is r specific tax for health spending.

568. The Accident Compensation Scheme is a social insurance scheme of a type possibly unique to New Zealand. As explained in an earlier section, funding of ACC is divided between general taxation, revenue, and levies on employers the self-employed, and motor vehicle owners.

569. The steady increases in the cost of the scheme (to over $1,000 million the year ended 31 March 1990) have led at various times to increases in the levies charged on employers or motor vehicle owners. Earners' levies receiv by the Corporation during the 1989/90 financial year, however, averaged $2.4

per $100 of payroll, an actual reduction of 6 per cent on the previous year. On the other hand, the rate for motor vehicle owners was increased from October 1989 by 14.5 per cent, to $114.50.

570. The employer pays levies on a risk-related scale, employees being classified by the employer for the appropriate levy according to the industrial activity in which the worker is engaged. During 1989, the levy classification system was reviewed and a new simplified structure introduced. It is based on 24 classes and 22 monetrary rates (cf 103 classes and 68 separate monetary rates under the old system). All those operations participating in a particular economic activity, e.g. agriculture or construction, pay a consistent levy in recognition of their involvement in that activity.

571. Levies for the motor vehicle accident scheme are collected when motor vehicles are registered or re-registered, normally once a year.

572. In the light of rapidly growing health expenditure in the late 1970s/early 1980s, hospital boards were required to accept a 1 per cent reduction in their allocation of funds in each of the financial years from 1979 to 1981. A population based method of funding area health boards for service provision began to be introduced from 1982 and was formally implemented in 1983, in order to improve equity of funding.

Health Benefits Review

573. In 1986 the Government appointed a Health Benefits Review team which presented its report, "Choices for Health Care" later that year. (A copy of the report is included among supplimentary papers). The Review's terms of reference were to ensure that the subsidization of health services, particularly in primary health services, contributes as effectively as possible to the Government's broad social and economic goals of equity and efficiency; and to recommend broad principles and directions for reform of existing benefits and related services. The Review Committee drew freely on the principles of the World Health Organization's strategy "Health for All by the Year 2000", which emphasizes individual and family responsibility, the role of lifestyle and environment on health, the importance of health promotion and illness prevention, the diversity of sectors involved in developing a healthy society, and the central importance of primary health care.

574. The Committee questioned many of the traditional assumptions about health care provision in New Zealand, and found that despite good intentions, a fair distribution of health care may not have been achieved. Access to care was easier for some than others, and services were allocated disproportionately. Moreover, New Zealand was not achieving results as good as those of other comparable countries, in terms of health standards. The Committee supported the continuation of a major role for the State in funding health care but pointed to the need for different approaches to resource management, and a more adequate information base, as steps towards better value for money in health care. It also saw a need for more involvement by health users in debates over future directions. Various strategies were examined against the criteria of efficiency and equity, and suggestions made in light of the New Zealand situation.

575. A number of pilot projects to explore alternative funding arrangements were announced later in 1986 under the Primary Health Care Initiatives Fund. Projects financed in this way included three "well women centres", two union health centres, two Maori community health worker projects, a rural practice nurse clinic can other community based initiatives. In 1989/90, $1,287,000 was expended under this Fund.

576. The funding of public health has been the focus of ongoing debate and controversy during much of the period under review. The disproportionately large share of funding absorbed by the secondary (hospital) sector has attracted growing attention. New ways of funding and managing primary medical services are being considered, in an effort to improve people's financial access to care, and to shift resources to primary care, especially disease prevention and health promotion activities. These concerns also undelie the New Zealand Health Charter and the goals and targets set for the coming decade

C. Statistical and other data on the realization of the right to health

577. Tables showing the number of staff employed in public hospitals, and numbers of hospital beds (with rates per 1000 of population) for the period 1977-1986 are included as tables 16 and 17. A chart on infant mortality statistics is contained in tables 11 and 12 in section B under this article.

Table 16

Full-time equivalent staff employed in public hospitals 1977-1986

Year	FTE Staff numbers	FTE Staff Per 100,000 Mean population	Mean population
1977	46 897.5	1 492.3	3 142 600
1978	47 828.1	1 521.5	3 143 500
1979	48 888.1	1 558.0	3 137 800
1980	48 531.6	1 543.6	3 144 000
1981	49 602.3	1 571.3	3 156 700
1982	49 356.6	1 551.7	3 180 800
1983	48 841.4	1 516.0	3 221 700
1984	48 824.2	1 501.0	3 252 800
1985	48 312.6	1 476.8	3 271 500
1986	48 274.4	1 472.5	3 278 300

Source: Hospital Management Data, Years Ended March 1977-1986, National Health Statistics Centre, Department of Health; Vital Statistics 1987, Department of Statistics.

Table 17

Hospital beds available public private and totals 1977-1986

Available Hospital Beds						
	Public institutions		Private institutions		Total	
	Number	Rate per 1 000 Population	Number	Rate per 1 000 Population	Number	Rate per 1000 Population
1977						
1978	17 736	5.6	5 119	1.6	22 855	7.3
1979	18 135	5.8	5 150	1.6	23 285	7.4
1980	17 517	5.6	5 164	1.6	22 681	7.2
1981	17 093	5.4	5 336	1.7	22 429	7.1
1982	18 328	5.7	5 506	1.7	23 834	7.5
1983	17 350	5.4	5 688	1.8	23 038	7.1
1984	17 189	5.3	5 809	1.8	22 998	7.0
1985	16 867	5.1	5 918	1.8	22 785	6.9
1986	16 495	5.1	6 042	1.9	22 537	6.9

Source: Hospital and Selected Morbidity Data 1971-86 National Health Statistics Centre, Department of Health.