

(2)

| Sl. No. | Name Item | 1979-80 | 1980-81 | 1981-82 | 1982-83 | 1983-84 | 1984-85 | Total | Stock in hand |
|------------------|-----------------------|---------|---------|---------|---------|---------|---------|-----------|---------------|
| 24. | Inj. Streptomycin | 5,000 | 5,000 | - | - | - | - | 10,000 | - |
| 25. | Inj. Amynopiline | 300 | 15,000 | 500 | 1,400 | 1,500 | 1,800 | 7,000 | 1,835 |
| 26. | Inj. Flazyl | - | - | - | 10 | - | - | 10 | 10 |
| 27. | Inj. Reserpine | 200 | 100 | - | - | - | - | 300 | - |
| 28. | Inj. Iasuline | - | - | - | 20 | 240 | 210 | 470 | 30 |
| 29. | Inj. Hypaque 45% | - | 70 | 800 | 10 | 75 | - | 955 | - |
| 30. | Inj. Flood pack | - | - | 300 | 300 | 600 | - | 1,200 | 215 |
| 31. | Inj. Adrenaline | 700 | - | 800 | 700 | 1,000 | - | 3,200 | 195 |
| 32. | Inj. Heparine | - | 5 | - | - | 300 | 200 | 505 | 125 |
| 33. | Inj. Sdhucortel | - | - | 410 | 450 | 630 | 260 | 740 | 29 |
| 34. | Inj. Monitol | - | - | 200 | - | - | - | 200 | 133 |
| 35. | Inj. A.T.S. | - | - | 200 | - | - | - | 200 | - |
| 36. | Inj. Gentomycin | - | - | 50 | 650 | - | - | 700 | - |
| 37. | Inj. Levonor | - | - | - | 50 | - | - | 50 | 50 |
| 42. | Tab. Cotrem/Methoprim | 3,000 | 4,000 | 18,500 | - | - | - | 25,500 | 1,711 |
| 43. | Tab. A/D Capsule | 5,000 | 20,000 | - | - | - | - | 45,000 | - |
| 44. | ECG Paper | 555 | - | 10 RoI. | - | - | - | 565 RoI. | - |
| Antibiotic group | | | | | | | | | |
| 45. | Syrap Ampicilline | - | 150 Ph. | 520 Ph. | 320 Ph. | 380 Ph. | 80 Ph. | 1,450 Ph. | 25 Ph. |
| 46. | Capsule Ampicillin | 13,000 | 68,000 | 60,000 | 71,000 | 94,000 | 15,000 | 3,18,000 | 11,000 |
| 47. | Capsule Tetracycline | 15,000 | 10,000 | 3,000 | 10,000 | 20,000 | NH1 | 58,000 | 20,113 |
| 48. | Capsule Orbandine | - | - | - | 3,000 | 22,000 | 1,000 | 26,000 | 1,598 |

資料- 11.

SUPPORT/HELP FROM FOREIGN COUNTRIES AND ORGANIZATION:-

| <u>Name of Country/Organization</u> | <u>Amount of Supply/Equipment</u> | <u>Year</u> |
|-------------------------------------|---|-----------------------|
| 1. U.K. | Books about 5,000/- | 1983 |
| 2. Asia Foundation, U.S.A. | Books | 1982, 83 & 84 |
| 3. FRG | One by plane Angiocardiology M.B. 2.75 | In pipe line, 1982 |
| 4. U.S.A. | Pace maker about 300 Nos. price of Tk.20,000/-each | 1985 |
| 5. Red Cross | Prosthetic Valve Blood....Tk.60,000/- | 1985 |
| 6. Rotary Club | Reagents Worth Tk.10,000/- | 1985 |
| 7. B.T.V. | Prosthetic Valve & Oxygenator Tk.60,000/- | |
| 8. Private | Prosthetic Valve & Oxygenator | |
| 9. B.O.L. (U.K.) Piped | O ₂ | 1985 |

資料-12.

BALANCE SHEET

PATIENT WELFARE FUND I.C.V.D.

29/4/1985

| <u>INCOME</u> | | <u>EXPENDITURE</u> | |
|-------------------------|-------------|----------------------|--------------|
| 1. Echo | TK 1,73,150 | 1. Equipment Repair | TK 15,791 |
| 2. Open Heart Surgery | TK 1,57,000 | 2. Poor Patient Help | TK 15,167/50 |
| 3. Cabin No. 8 | TK 40,250 | 3. Drugs | TK 38,485 |
| 4. Donation | TK 51,826 | 4. Return to Doner | TK 5,500 |
| 5. Pace Maker | TK 53,601 | 5. Miscellaneous | TK 3,490 |
| 6. Closed Heart Surgery | TK 6,001 | 6. Cashier Pay | TK 4,150 |
| 7. Angiography | TK 4,000 | | |
| 8. Exercise ECG | TK 48,040 | | TK 82,583/50 |
| 9. Bank Interest | TK 9,005 | Loan to ICVD | TK 11,905 |
| <hr/> | | <hr/> | |
| TOTAL | TK 5,42,873 | | TK 94,488/50 |

BALANCE TK 4,48,384/50

TRAINING OF MEDICAL/NURSING/PARAMEDICAL STUDENTS OF COURSES RUN BY THE OTHER INSTITUTES:-

- i) F.C.P.S.-Medicine, Surgery & Pediatric-IPGM&R.
- ii) DTCD-I.D.C.H.
- iii) Graded Specialist-AFIM.
- iv) Post of Basic Nursing-College of Nursing.

PARTICIPATION IN SYMPOSIA/CONFERENCE FROM ICVD

| <u>Name of Participant</u> | <u>Symposium/Conference</u> | <u>Date</u> |
|----------------------------|--|-------------|
| 1. Brig. Abdul Malik | i) World congress of Cardiology, Moscow | 1982 |
| | ii) International conference of Cardiology, Pakistan | Feb./ 1983 |
| | iii) International conference on Cardiology, India | March/1983 |
| | iv) International conference on Medical Science, S. Arabia | Sept./1983 |
| 2. Nabi Alam Kham | i) World congress of Cardiology, Moscow | 1982 |
| | ii) World congress on Open Heart Surgery, Bombay | 1985 |
| 3. Prof. Abu Zafar | i) Symposium on Pacemaking, India | 1982 |
| | ii) Training in Cardiology, Australia | 1982 |
| | iii) Symposium on Echocardiography, New Zealand | 1983 |
| | iv) Echocardiography course in Netherland | 1985 |

資料- 14.

RADIO AND TELEVISION PROGRAMME:-

| <u>Date</u> | <u>Name of Persons</u> | <u>Subject</u> |
|------------------|---|--|
| 1982 (B.T.V.) | 1. Bri. Abdul Malik 2. Prof. R.K. Khandaker 3. Prof. Abu Zafar 4. Dr. Amanullah 5. Dr. Jalaluddin 6. Dr. Khalilur Rahman | Open Heart Surgery in Bangladesh |
| 1983 (Radio) | 1. Brig. Abdul Malik 2. Prof. R.K. Khandaker 3. Prof. Abu Zafar 4. Dr. Jalaluddin | Prevention of Heart Diseases |
| 1985 (Radio) | 1. Brig. A. Malik 2. Prof. R.K. Khandaker 3. Prof. Abu Zafar 4. Dr. Amanullah | Prevention of Cardiovascular Diseases |
| 1985 (Radi | 1. Dr. Amanullah | Coronary Heart Diseases |
| 1985 (B.T.V.) | 1. Dr. Nazrul Islam | Rehumatic Heart Diseases |



Minister for Health and Population Control Major General M Shamsul Haq giving his inaugural speech at a workshop on "Cardiovascular Problems and its Prevention in Bangladesh" jointly organised by Ministry of Health and Population Control and World Health Organisation in Dhaka on Saturday.

Caution against health problems

The Minister for Health and Population Control, Maj Gen. M. Shamsul Haq, on Saturday underlined the need for giving special emphasis on the prevention of cardiovascular diseases simultaneously with their treatment, reports BSS.

With this end in view the government has included the preventive aspect of rheumatic fever and rheumatic heart diseases along with the prevention of other diseases in its primary health care programme, he added.

The Minister was inaugurating a five-day workshop on "common cardiovascular problems and its prevention in Bangladesh" in the Institute of Cardiovascular Diseases at Sher-e-Bangla Nagar.

Organised jointly by the Ministry of Health and Population Control and World Health Organisation, the inaugural function was addressed, among others, by Brig. A Malik, Director, Institute of Cardiovascular Diseases, Brig. M Hedayet Ullah, Director General, Health Services, Dr. Z. Sestek, WHO representative and Prof. R K Khondaker, Professor Cardiology.

The health Minister noted that the country lacked in requisite number of experts on heart diseases and resources to cater to the need of treatment of heart patients in remote areas of the country. Such a state of affairs calls for better prevention of cardiovascular diseases, he added.

Maj. Gen Haq also stressed the need for creating awareness among the masses about cardiovascular diseases which occupy third position after diarrhoea and other infectious diseases in our country. People irrespective of their economic status were falling victims to this disease in

increasing numbers, he said.

He pointed out that Bangladesh was already immersed in myriad of problems. Health and population explosion problems were among them. These problems would assume a very critical proportion unless all of us take steps to contain them in a planned way.

The Health Minister expressed the hope that deliberations at the workshop by the experts would play a complimentary role in the solution of heart problems.

Speaking on the occasion, Brig Malik said facilities for the treatment of cardiovascular diseases both in villages and cities were grossly inadequate. Trained specialists in the field of cardiology were very limited in our country. To increase their number M D and Diploma in Cardiology had been started under Dhaka University. The M S. (Cardiothoracic) would be started next year, he added.

Brig. Hedayet Ullah stressed the need for integrating cardiovascular diseases with the health infrastructure of the country.

He also laid emphasis on multisectoral approach including motivation of the people on the prevention of this disease. The question of cost effective measure for the treatment of heart diseases should be given due consideration, he said.

DISEASES OF THE HEART

Inaugurating a five-day workshop on "Common Cardiovascular Problems and their prevention in Bangladesh" at the Institute of

Cardiovascular Diseases at Sher-e-Banglanagar the other day, the Minister for Health and Population Control, Maj. Gen. M. Shamsul Huq underlined the need for giving special emphasis on the prevention of cardiovascular diseases simultaneously with their treatment. Disclosing that cardiovascular diseases occupy the third position after diarrhoea and other infectious diseases in our country he rightly stressed the need for creating awareness among the masses about these diseases.

Heart disease which was once considered to be a malady of the affluent sections of society due to their accumulation of excess calories and resultant fats are gradually descending down the ladder to claim an increasing number of people of the middle and lower middle classes among its victims.

The heart which is largely a pumping machine goes on beating rhythmically from birth to death and is responsible for supplying blood and with it oxygen to the body cells and the brain to keep them alive. While the brain controls almost everything including the beating of the heart, it depends in its turn on the heart for remaining itself alive thus lending support to the view that life is an order born out of the co-ordination of complexities. Among the causes of heart diseases are such wide ranging factors as rheumatic fever, high level of sugar and cholesterol in the blood, tension and tobacco.

Facilities for treatment of cardiovascular diseases are utterly inadequate in countries like ours in respect of both sophisticated equipment and trained specialists. We should

make best possible efforts to increase these facilities in view of the ever increasing toll that these diseases are taking. But at the same time it is to be remembered that proper awareness about the causes of these diseases is more hopeful in combating them. Even the most sophisticated treatment, artificial pace makers and grafting included, can so far only give the heart a longer lease, but can not effect a complete cure.

In the developed countries fat, alcohol, tobacco, fast life style and emotional problems account for the high incidence of this killer disease. In less developed and underdeveloped countries the first two factors are less rampant, but tension—born not out of the sophisticated emotional problems but of more mundane origin such as making both ends meet—is gradually engulfing the broad masses of people. Tension in its turn leads to addiction to alcohol and tobacco thus creating a vicious circle which is hardly easy to break.

For attaining any appreciable success in combating cardiovascular diseases it is necessary for the individual to lessen the consumption of fat, to maintain peace of mind, to do moderate doses of work and to live a somewhat close-to-nature type of living as far as practicable. Above all, one has to strike a balance between speed and poise which requires reliance on some permanent moorings that can supply solace to the brain and the heart. Our civilisation has to find answers to these problems sooner than later.



স্বাস্থ্যমন্ত্রী মেজর জেনারেল এম শামসুল হক শনিবার সেহরাওয়াদী হাসপাতালে হৃদরোগের উপর এক ওয়াকশপের উদ্বেশন করেন —দৈনিক বাংলা

স্বাস্থ্যমন্ত্রী

(১ম পৃঃ পর)

চলেছে।

স্বাস্থ্য ও জনসংখ্যা নিয়ন্ত্রণ মন্ত্রণালয় এবং বিশ্ব স্বাস্থ্য সংস্থার উদ্যোগে গতকাল হৃদরোগ ইন্সটিটিউট ফিন্যান্সডেনে আয়োজিত প'চ দিনব্যাপী হৃদরোগ প্রতিরোধ বিষয়ক কর্মশালায় উদ্বেশনীয় ভাবে স্বাস্থ্যমন্ত্রী একথা বলেন।

স্বাস্থ্যমন্ত্রী হৃদরোগ ইন্সটিটিউট ইতিমধ্যেই হৃদরোগ বিশেষজ্ঞ চিকিৎসক গড়ে তোলার ব্যাপারে যে ব্যবস্থা গ্রহণ করেছে তাতে সন্তোষ প্রকাশ করেন।

গতকালের কর্মশালায় উদ্বেশনীয় অনর্হানে সভাপতিত্ব করেন স্বাস্থ্য পরিদপ্তরের মহাপরিচালক বিএনজিয়ার এম হেদায়েতউল্লাহ।

অনর্হানে স্বাস্থ্য ভাষণে হৃদরোগ ইন্সটিটিউটের পরিচালক বিএনজিয়ার (প্রফেসর) এ মলেক বলেন রোগী প্রতি ৪৮ টাকা খরচ করলে ড্রাবহ ব্যক্তের ও ব্যক্তের জর্নিত হৃদরোগ প্রতিরোধ করা সম্ভব।

হৃদরোগ বাড়ছে :

স্বাস্থ্যমন্ত্রী

।। স্টাফ রিপোর্টার ।।

স্বাস্থ্যমন্ত্রী মেজর জেনারেল এম শামসুল হক দেশে হৃদরোগ নিরাময়ের সঙ্গে সঙ্গে তার প্রতিরোধ ব্যবস্থা সূদৃঢ় করার ওপর গুরুত্ব আরোপ করেছেন।

তিনি বলেন, বাংলাদেশের মত উন্নয়নশীল দেশে ডায়োব্রিয়া ও জন্মের সংক্রামক ব্যাধির পরেই হৃদরোগের স্থান। সমাজের সকল স্তরেই কমান্বয়ে এই রোগ বেড়ে (শেষ পৃঃ ৫-এর কঃ দঃ)

Special care needed to fight heart diseases

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Special care

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V. 総 括

日本の援助が始まる以前は聴診器と ICH. E. C. G. しかなかったバングラデシュの循環器病対策が、JICAの技術協力プロジェクト終了時には現地人医師と医療関係者のみで、患者の発見・検査・診断から開心術を行なえるようになっていた。

この超飛躍的進歩を与えることのできた7年間のプロジェクト協力は、次のように3区に分けることができる。

第1区分：54年4月～56年3月

無償資金協力による医療機器の据付けと、C/P研修員受入を中心とした立ち上がり期間。

第2区分：56年4月～59年1月

3ヶ月毎の継続的な専門家チーム派遣（第1次～第12次）による集中的技術移転実施協力期間。

第3区分：59年2月～61年2月

現地側の自立を促すため、3ヶ月間ブレイクをおいての専門家チームを派遣（第13次～第18次）する技術移転と引き渡しを中心とした協力期間。

開心術の実施状況から技術協力の進展をみると、56年9月に第1例ASDを成功させることができた。このときはバングラデシュで開心術が成功したと国内外に報道され、近隣諸国と国内から大きな反響があった。

57年7月にはVSDを成功させ、同月に弁形成手術・直視下交連切開術・僧帽弁修復術のそれぞれ第1例を行なっている。同年8月には大動脈弁修復術を、9月には大動脈弁置換・僧帽弁置換を行ない、この時期まではまるで新しい症例に挑戦しているように開心術をおこなっている。

しかしこの時期以降、術後管理などが不十分という反省もあって、第2区分協力期間中は基本技術の移転を中心に行なう方針となった。58年9月にはフェロー根治術の第1例目を行なっている。

第3区分協力期間に入って、日本人専門家の不在期間は現地人医師のみで開心術を行なうようになった。第1例はADSで、59年3月に成功している。

プロジェクト協力期間中行なった開心術122例のうち24例は現地人医師のみで行なっている。

ACバイパス手術は59年6月に第1例を行なっている。第3区分協力期間中はACバイパス手術の技術移転を目標としたが、CCUの不整備、機材の故障、内科と外科のコミュニケーションの悪さ等で達成することはできなかつた。ACバイパスは59年6月第1例を行なっている。

プロジェクト開始時の目標のひとつである、現地人医師のみで開心術を行なえるよう技術移転することについて、その目標は達成できたといえよう。治療の面だけみれば複雑な症例をこなせるまでには至っていない、しかし手術までの検査・診断に関してはかなりのレベルに達したと評価できる。

今後は消耗品等の調達、機材の維持管理などの問題を残している。またICVDの医師等が臨床にはしり過ぎ、本来あるべき研究所としての機能を果たしていないなどの問題もある。しかしバ国政府も下痢・感染症、消化器疾患の次に死亡率の高い循環器病対策に力を入れており、少なくともプロジェクト終了時のレベルは維持していけると期待している。

自国で循環器病に関する検査・診断・治療ができるという技術を残し、今まで手の施すことのできなかつた患者を救える事実を与えたことは、後発発展途上国であるバングラデシュに、事実以上に夢と希望も与えたことであり大いに意義がある。

JICA