Table 4.3.1. SINGLE LEADING CAUSES OF MORTALITY TREATED IN (441) HOSPITALS FOR THE YEAR 1979

BASIC LIST	CAUSE GROUP	DEATHS				AVERAGE DURATION OF STAY
		MALE	FEMALE	TOTAL	PERCENT	
052	Malaria	1806	1628	3434	12.1	7.0
016	Ill-defined intestinal infections	1628	1190	2818	9.9	4.4
321	Pneumonia	1218	971	2189	7.7	2.2
460	Pyrexia of unknown origin	779	848	1627	5.7	3.0
020	Pulmonary tuberculosis	930	397	1327	4.7	17.0
531	Toxic effects of substances chiefly non medicinal as to source	793	397	1190	4.2	2.4
283	Other diseases of pulmonary circulation & other forms of heart diseases	520	575	1095	3.9	10.1
037	Tetanus	588	383	971	3.4	4.0
349	Other diseases of the digestive system	452	205	657	2.3	4.6
551	Certain traumatic complications & unspecified injuries	397	164	561	1.9	4.4
046	Viral hepatitis	315	205	520	1.8	2.8
192	Other protein-colorie malnutrition	260	260	520	1.8	5.8
323	Bronchitis, chronic & unspecified emphysema & asthma	287	137	424	1.5	4.7
491	Other intracranial injuries	287	110	397	1.4	3.1
001	Typhoid fever	245	151	397	1.4	6.1
	All other death cases	5910	4376	10286	36.3	-
	GRAND TOTAL	16416	11997	28413	100.0	-

Table 4.3.2. SINGLE LEADING CAUSES OF MORTALITY TREATED IN (450) HOSPITALS FOR THE YEAR 1980

BASIC LIST	CAUSE GROUP	DEATHS				AVERAGE DURATION OF STAY
		MALE	FEMALE	TOTAL	PERCENT	
052	Malaria	2167	1445	3612	11.2	2.7
016	Ill-defined intestinal infections	1836	1415	3251	10,1	3.1
321	Pneumonia	1355	1234	2589	8.0	2,3
283	Other diseases of pulmonary circulation & other forms of heart diseases	677	993	1670	5.2	6.3
020	Pulmonary tuberculosis	963	527	1490	4,6	25.2
460	Pyrexia of unknown origin	572	858	1430	4,4	2.7
531	Toxic effects of substances chiefly non medicinal as to source	918	406	1324	4,1	2.7
328	Other diseases of respiratory system	557	361	918	2,8	8.6
349	Other diseases of the digestive system	542	316	858	2,7	5,6
037	Tetanus	316	527	843	2,6	3.2
452	Slow fetal growth, fetal malnutrition and immaturity	226	331	557	1,7	4,2
192	Other protein-colorie malnutrition	241	256	497	1.5	5,4
491	Other intracranial injuries	391	105	496	1,5	1,7
323	Bronchitis, chronic and unspecified, emphysema and asthma	316	135	451	1,4	36,1
341	Ulcer of stomach and duodenum	331	120	451	1,4	7.2
	ALL OTHER CAUSES	6095	5795	11890	36,8	-
	GRAND TOTAL	17503	14824	32327	100,0	-

Table 4.3.3 SINGLE LEADING CAUSES OF MORTALITY TREATED IN (435) HOSPITALS FOR THE YEAR, 1981

Basic List	Cause Group	DEATHS				Average Duration of Stay
		Male	Female	Total	Percent	
052	Malaria	1915	1185	3100	13.1	3.8
321	Pneumonia	1293	1161	2454	10.3	2.5
016	Ill-defined intestinal infections	874	778	1652	6.9	3.2
020	Pulmonary tuberculosis	610	527	1137	4.8	21.5
460	Pyrexia of unknown origin	443	562	1005	4.2	3.1
531	Toxic effects of substances chiefly non-medicinal as to source	491	299	790	3.3	2.6
349	Other diseases of digestive system	491	263	754	3.2	4.9
037	Tetanus	359	371	730	3.1	2.3
328	Other diseases of respiratory system	347	299	646	2.7	5.7
192	Other protein calorie malnutrition	275	215	490	2.1	5.6
293	Acute but ill-defined cerebro-vascular disease	227	156	383	1.6	3.1
491	Other intracranial injuries	239	84	323	1.4	2.1
038	Septicaemia	155	156	311	1.3	5.7
220	Meningitis	155	144	299	1.3	6.8
452	Slow fetal growth fetal malnutrition and immaturity	167	108	275	1.2	4.8
	All other deaths	4743	4644	9387	39.5	-
	GRAND TOTAL	12784	10952	23736	100.0	-

Table 4.3.3(a). Single Leading Causes of Mortality Treated In (479) Hospitals for the Year 1982

BASIC LIST	CAUSE GROUP	DEATHS				AVERAGE DURATION OF STAY
		MALE	FEMALE	TOTAL	PERCENT	
052	Malaria	1889	1457	3346	11.6	3.3
321	Pneumonia	1313	1265	2578	9.0	2.9
916	Ill-defined intestinal infections	977	1073	2050	7.1	4.4
020	Pulmonary tuberculosis	881	480	1361	4.7	38.8
283	Other diseases of pulmonary circulation and other forms of heart diseases	432	817	1249	4.3	10.3
349	Other diseases of the digestive system	673	304	977	3.4	7.7
037	Tetanus	448	480	928	3.2	2.5
460	Pyrexia of unkown origin	464	448	912	3.2	5.3
328	Other diseases of Respiratory system	544	304	848	3.0	5.1
531	Toxic effects of substances chiefly non medicinal as to source	561	240	801	2.8	3.4
192	Other protein-calorie mal-nutrition	368	256	624	2.2	5.2
323	Bronchitis, chronic and unspecified, emphysema and asthma	272	256	528	1.8	5.2
293	Acute but ill-defined cerebrovascular diseases	352	144	496	1.7	2.0
452	Slow fetal growth, fetal malnutrition and immaturity	224	272	496	1.7	4.5
341	Ulcer of stomach and duodenum	352	112	464	1.6	10.2
	All other deaths	6180	4964	11144	38.7	-
	GRAND TOTAL	15930	12872	28802	100.0	-

TABLE 4.4.1. 15 LEADING CAUSES OF MORBIDITY TREATED IN HOSPITALS, 1977 to 1979.

1977-78 "D" LIST	1979 BASIC LIST	CAUSE GROUP	1977		1978		1979	
			CASES	PERCENT	CASES	PERCENT	CASES	PERCENT
43	052	Malaria	107554	13.1	108891	12.9	137913	15.7
6	016	Ill-defined intestinal infections	61615	7.5	73270	8.7	67620	7.7
222	410	Normal delivery	41385	5.0	51451	6.1	51073	5.8
2661	460	Pyrexia of unknown origin	36362	4.4	33230	3.9	32802	3.8
298	551	Certain traumatic complications & unspecified injuries	19007	2.3	22911	2.7	27798	3.2
221	383	Unspecified abortion	26267	3.2	27820	3.3	27088	3.2
1611-1613	523	Bronchitis, chronic & unspecified, emphysema & asthma	22975	2.8	22860	2.7	21374	2.4
160	321	Pneumonia	16653	2.0	15291	1.8	21273	2.4
176, 177, 178, 1880	349	Other diseases of the digestive system	9744*	1.2	8558*	1.0	18802	2.2
175	341	Ulcer of stomach & duodenum	13323	1.6	13557	1.6	18067	2.0
228	420	Infections of skin & subcutaneous tissue	13791	1.7	15626	1.9	17346	1.9
9	020	Pulmonary tuberculosis	17810	2.2	18144	2.2	16521	1.9
2	011	Typhoid fever	11891	1.4	10922*	1.3	12708	1.5
294, 295	531	Toxic effect of substances chiefly non medicinal as to source	15078*	1.8	14854*	1.8	12505	1.4
0557	076	Other helminthiasis	11917	1.4	12978	1.5	12354	1.4
		All other causes	399188	48.4	391684	46.6	381621	43.5
		GRAND TOTAL	824560	100.0	842047	100.0	876865	100.0

* Not included in the 15 Leading Causes of Morbidity in respective years.

TABLE 4.4.2.15 LEADING CAUSES OF MORBIDITY TREATED IN HOSPITALS 1978 to 1980.

1978 "D" LIST	1979,80 BASIC LIST	CAUSE GROUP	1978		1979		1980	
			CASES	PERCENT	CASES	PERCENT	CASES	PERCENT
43	052	Malaria	108891	12.9	137913	15.7	138453	14.8
6	016	Ill-defined intestinal infections	73270	8.7	67620	7.7	79865	8.5
222	410	Normal delivery	51451	6.1	51073	5.8	64611	6.9
2661	460	Pyrexia of unknown origin	33230	3.9	32802	3.8	39047	4.2
221	383	Unspecified abortion	27820	3.3	27088	3.2	30675	3.3
298	551	Certain traumatic complications & unspecified injuries	22911	2.7	27798	3.2	22842	2.4
1611-1613	323	Bronchitis, chronic & unspecified emphysema and asthma	22860	2.7	21374	2.4	22483	2.4
160	321	Pneumonia	15291	1.8	21273	2.4	20454	2.2
170	328	Other diseases of respiratory system	17437	2.1	11048*	1.3	20120	2.3
176, 177, 178, 1880	349	Other diseases of the digestive system	8558	1.0	18802	2.2	18464	1.9
228	420	Infections of skin and sub-cutaneous tissue	15626	1.9	17346	1.9	17732	1.9
9	020	Pulmonary tuberculosis	18144	2.2	16521	1.9	17462	1.9
175	341	Ulcer stomact & duodenum	13557	1.6	18067	2.0	16409	1.7
294, 295	531	Toxic effects of substances chiefly non medicinal as to source	14854	1.8	12505	1.4	15048	1.6
2	011	Typhoid fever	10922	1.3	12708	1.5	13135	1.4
		ALL OTHER CAUSES	387225	46.0	382927	43.6	399236	42.7
		GRAND TOTAL	842047	100.0	876865	100.0	936036	100.0

* Not included in the 15 leading causes of morbidity during 1979.

TABLE 4.4.3. 15 LEADING CAUSES OF MORBIDITY TREATED IN HOSPITALS
1979 to 1981

Basic List	Cause Group	1979		1980		1981	
		Cases	Percent	Cases	Percent	Cases	Percent
052	Malaria	137913	15.7	138453	14.8	110775	14.5
410	Normal Delivery	51073	5.8	64611	6.9	59589	7.8
016	Ill-defined intestinal infections	67620	7.7	79865	8.5	49907	6.5
460	Pyrexia of unknown origin	32802	3.8	39047	4.2	32392	4.2
383	Unspecified abortion	27088	3.2	30675	3.3	28106	3.7
321	Pneumonia	21273	2.4	20454	2.2	19220	2.5
551	Certain traumatic complications & unspecified injuries	27798	3.2	22842	2.4	18244	2.4
328	Other diseases of respiratory system	11048	1.3	20120	2.2	17986	2.4
349	Other diseases of the digestive system	18802	2.2	18464	1.9	16650	2.2
323	Bronchitis, chronic & unspecified emphysema and Asthma	21374	2.4	22483	2.4	15315	2.0
341	Ulcer of stomach and duodenum	18067	2.0	16409	1.7	14889	2.0
020	Pulmonary tuberculosis	16521	1.9	17462	1.9	14519	1.9
420	Infections of skin & subcutaneous tissue	17346	1.9	17732	1.9	13913	1.8
531	Toxic effects of substances chiefly non-medicinal as to source	12505	1.4	15048	1.6	13004	1.7
491	Other intracranial injuries	8463*	1.0	11042*	1.2	10681	1.4
	All other causes	387172	44.1	401329	42.9	328769	43.0
	GRAND TOTAL	876865	100.0	936036	100.0	763959	100.0

* Not included in the 15 Leading Causes of Morbidity in respective years.

TABLE 4.5.1. 15 LEADING CAUSES OF MORTALITY TREATED IN HOSPITALS FROM 1977 to 1979

1977-78 "D" LIST	1979 BASIC LIST	CAUSE GROUP	1977		1978		1979	
			DEATHS	PERCENT	DEATHS	PERCENT	DEATHS	PERCENT
43	052	Malaria	2744	10.6	2708	9.7	3434	12.1
6	016	Ill-defined intestinal infections	2565	9.8	3219	11.6	2818	9.9
160	321	Pneumonia	1861	7.1	1877	6.7	2189	7.7
2661	460	Pyrexia of unknown origin	1181	4.5	1188	4.3	1627	5.7
9	020	Pulmonary tuberculosis	1599	6.1	1211	4.4	1327	4.7
294	531	Toxic effects of substances chiefly non medicinal as to source	1002	3.8	1021	3.7	1190	4.2
139	283	Other diseases of pulmonary circulations & other forms of heart disease	966*	3.7	1057*	3.8	1095	3.9
026	037	Tetanus	990	3.8	867	3.1	971	3.4
176, 177, 178, 1880	349	Other diseases of the digestive system	310	1.2	415	1.5	657	2.3
298	551	Certain traumatic complications & unspecified injuries	286	1.1	570	2.1	561	1.9
038	046	Viral hepatitis	406	1.6	428	1.5	520	1.8
0975	192	Other protein-colorie malnutrition	71*	0.3	118*	0.4	520	1.8
1611-1613	323	Bronchitis, chronic unspecified, emphysema & asthma	334*	1.3	356*	1.3	424	1.5
282	491	Other intracranial injuries	406	1.5	451	1.6	397	1.4
2	011	Typhoid fever	238	0.9	357	1.3	397	1.4
		All other death cases	11167	42.7	11968	43.0	10286	36.3
		GRAND TOTAL	26126	100.0	27811	100.0	28413	100.0

* Not included in the 15 Leading Causes of Mortality in respective years.

Table 4.5.2. 15 LEADING CAUSES OF MORTALITY TREATED IN HOSPITALS 1978 TO 1980.

1978 "D" LIST	1979,80 BASIC LIST	CAUSE GROUP	1978		1979		1980	
			DEATHS	PERCENT	DEATHS	PERCENT	DEATHS	PERCENT
043	052	Malaria	2708	9.7	3434	12.1	3612	11.2
6	016	Ill-defined intestinal infections	3219	11.6	2818	9.9	3251	10.1
160	321	Pneumonia	1877	6.7	2189	7.7	2589	8.0
139, 140.	283	Other diseases of pulmonary circulation & other forms of heart disease	1057	3.8	1095	3.9	1670	5.2
9	020	Pulmonary tuberculosis	1211	4.4	1327	4.7	1490	4.6
2661	460	Pyrexia of unknown origin	1188	4.3	1627	5.7	1430	4.4
294 295	531	Toxic effects of substances chiefly non medicinal as to source	1021	3.7	1190	4.2	1324	4.1
170	328	Other diseases of respiratory system	808	2.9	383*	1.3	918	2.8
176, 177, 178, 1880	349	Other diseases of the digestive system	415	1.5	657	2.3	858	2.7
026	037	Tetanus	867	3.1	971	3.4	643	2.6
258	452	Slow fetal growth, fetal malnutrition & immaturity	226*	0.8	260*	0.9	557	1.7
0975	192	Other protein calorie malnutrition	118	0.4	520	1.8	497	1.5
282	491	Other intracranial injuries	451	1.6	397	1.4	496	1.5
1611, 1613	323	Bronchitis, chronic & unspecified, emphysema and asthma	356	1.3	424	1.5	451	1.4
175	341	Ulcer of stomach & duodenum	202*	0.7	178*	0.6	451	1.4
		All other deaths	12087	43.5	10943	38.6	11890	36.8
		GRAND TOTAL	27811	100.0	28413	100.0	32327	100.0

* Not included in the 15 leading causes of mortality in respective years.

TABLE 4.5.3. 15 LEADING CAUSES OF MORTALITY TREATED IN HOSPITALS
1979 TO 1981

Basic List	Cause Group	1979		1980		1981	
		Deaths	Percent	Deaths	Percent	Deaths	Percent
052	Malaria	3431	12.1	3612	11.2	3100	13.1
321	Pneumonia	2189	7.7	2589	8.0	2454	10.3
016	Ill-defined intestinal infections	2818	9.9	3251	10.1	1652	6.9
020	Pulmonary tuberculosis	1327	4.7	1490	4.6	1137	4.8
460	Pyrexia of unknown origin	1627	5.7	1430	4.4	1005	4.2
531	Toxic effects of substances chiefly non-medicinal as to source	1190	4.2	1324	4.1	790	3.3
349	Other diseases of digestive system	657	2.3	858	2.7	754	3.2
037	Tetanus	971	3.4	843	2.6	730	3.1
328	Other dieseaes of respiratory system	383	1.3	918	2.8	646	2.7
192	Other protein calorie malnutrition	520	1.8	497	1.5	490	2.1
293	Acute but ill-defined cerebrovascular disease	205*	0.7	301*	0.9	383	1.6
491	Other intracranial injuries	397	1.4	496	1.5	323	1.4
038	Septicaemia	150*	0.6	301*	0.9	311	1.3
220	Meningitis	232*	0.8	391*	1.3	299	1.3
452	Slow fetal growth fetal, malnutrition and immaturity	260	0.9	557	1.7	275	1.2
	All other deaths	12056	42.5	13469	41.7	9387	39.5
	GRAND TOTAL	28413	100.0	32327	100.0	23736	100.0

* Not included in the 15 Leading Causes of Mortality in respective years.

Table 4.6.1. LEADING GROUPED CAUSES OF MORBIDITY TREATED IN (441) HOSPITALS FOR THE YEAR 1979

GROUPED BASIC LIST	CAUSE GROUP	CASES			PERCENT
		MALE	FEMALE	TOTAL	
010-078	Infective & parasitic diseases	177507	122785	300292	34.2
380-410	Complications of pregnancy child-birth & the puerperium	-	103387	103387	11.8
470-560	Injury & poisoning	69951	30699	100650	11.5
460-467	Symptoms signs & ill-defined conditions	45764	43357	89121	10.2
310-328	Diseases of the respiratory system	37541	31916	69457	7.9
330-349	Diseases of the digestive system	34095	20399	54494	6.2
350-378	Diseases of the genito urinary system	17345	22008	39353	4.5
220-294	Diseases of nervous system & sense organs	17928	19588	37516	4.3
420-422	Diseases of the skin and subcutaneous tissue	13328	9072	22400	2.6
080-170	Neoplasms	5625	6525	12150	1.4
200-207	Diseases of blood & blood forming organs	4777	6018	10795	1.2
180-190	Endocrine nutritional & metabolic diseases & immunity disorders	4346	5055	9401	1.1
430-438	Diseases of the musculoskeletal system & connective tissue	4232	3535	7767	0.9
V00-V08	Supplementary classification of factors influencing health status & contact with health services	456	6031	6487	0.7
210-219	Mental disorders	4371	1634	6005	0.7
300-307	Diseases of the circulatory system	3079	1444	4523	0.5
440-447	Congenital anomalies	900	874	1774	0.2
450-454	Certain conditions orginating in the perinatal period	634	659	1293	0.1
	GRAND TOTAL	441879	434986	876865	100.0

TABLE 4.6.2. LEADING GROUPED CAUSES OF MORBIDITY TREATED IN (450) HOSPITALS FOR THE YEAR 1980.

GROUPED BASIC LIST	CAUSE GROUP	CASES			PERCENT
		MALE	FEMALE	TOTAL	
010-079	Infectious and parasitic diseases	175574	127642	303216	32.4
380-410	Complications of pregnancy,child-birth and the puerperium	-	127065	127065	13.6
470-560	Injury and poisoning	71878	34347	106225	11.3
460-469	Symptoms signs and ill-defined conditions	48869	45749	94618	10.1
310-328	Diseases of the respiratory system	41370	36645	78015	8.3
330-349	Diseases of the digestive system	35194	19799	54993	5.9
350-378	Diseases of the genito-urinary system	19286	24897	44183	4.7
220-294	Diseases of nervous system and sense organs	19234	22393	41627	4.4
420-422	Diseases of the skin and subcutaneous tissue	13816	8988	22804	2.4
080-170	Neoplasms	5277	7216	12493	1.3
200-207	Diseases of blood and blood forming organs	5265	6561	11826	1.3
180-193	Endocrine nutritional and metabolic diseases and immunity disorders	5496	5701	11197	1.2
430-438	Diseases of the musculoskeletal system and connective tissue	4687	3634	8321	0.9
V00-V08	Supplementary classifications of factors influencing health status and contact with health services	527	5560	6087	0.7
210-219	Mental disorders	3326	1374	4700	0.5
300-307	Diseases of the circulatory system	2786	1438	4224	0.5
450-456	Certain conditions originating in the perinatal period	1091	1489	2580	0.3
440-447	Congenital anomalies	899	963	1862	0.2
	GRAND TOTAL	454575	481461	936036	100.0

TABLE 4.6.3.LEADING CAUSES OF MORBIDITY TREATED IN (435) HOSPITALS FOR THE YEAR, 1981

Grouped Basic List	Cause Group	CASES			Percent
		Male	Female	Total	
010-079	Infectious and parasitic diseases	136771	91982	228753	29.9
380-410	Complications of pregnancy child-birth and the puerperium	-	116250	116250	15.2
470-560	Injury and poisoning	63954	27208	91162	11.9
310-328	Diseases of the respiratory system	38698	31259	69957	9.2
460-469	Symptoms signs and ill-defined conditions	33021	36667	69688	9.1
330-349	Diseases of the digestive system	29352	18019	47371	6.2
220-296	Diseases of nervous system and sense organs	16864	21790	38654	5.1
350-378	Diseases of the genito-urinary system	15898	18524	34422	4.5
420-422	Diseases of the skin and subcutaneous tissue	10603	7506	18109	2.4
080-170	Noeplasms	4702	5981	10683	1.4
200-207	Diseases of blood and blood forming organs	4062	5599	9661	1.3
180-193	Endocrine Nutritional and Metabolic diseases and immunity of disorders	3467	4330	7797	1.0
430-438	Diseases of the musculos-keletal system and connec-tive tissue	3321	2692	6013	0.8
210-219	Mental disorders	2850	1437	4287	0.6
V00-V08	Supplementary classification of factors influencing health status & contact with health services	280	3871	4151	0.5
300-307	Diseases of circulatory system	1986	1111	3097	0.4
450-456	Certain conditions originating in the perinatal period	931	1111	2042	0.3
440-448	Congenital Anomalies	964	898	1862	0.2
	GRAND TOTAL	367724	396235	763959	100.0

Table 4.7.1. LEADING GROUPED CAUSES OF MORTALITY TREATED IN (441) HOSPITALS FOR THE YEAR 1979

GROUPED BASIC LIST	CAUSE GROUP	DEATHS			PERCENT
		MALE	FEMALE	TOTAL	
010-078	Infective & parasitic diseases	6539	4610	11149	39.2
460-467	Symtoms sign & ill-defined conditions	1847	1560	3407	11.9
470-560	Injury & poisoning	2244	1040	3284	11.6
310-328	Diseases of the respiratory system	1778	1313	3091	10.9
220-294	Diseases of nervous system & sense organs	1245	1108	2353	8.3
330-349	Diseases of digestive system	1026	465	1491	5.3
080-170	Neoplasms	479	232	711	2.5
380-410	Complications of pregnancy child-birth & the puerperium	-	684	684	2.4
180-193	Endocrine nutritional & metabolic diseases & immunity disorders	342	328	670	2.4
350-378	Diseases of the genito-urinary system	233	178	411	1.5
200-207	Diseases of blood & blood forming organs	205	151	356	1.3
450-454	Certain conditions orginating in the perinatal period	219	205	424	1.5
420-422	Diseases of the skin & subcutaneous tissue	82	27	109	0.4
210-219	Mental disorders	68	-	68	0.2
300-307	Diseases of the circulatory system	41	27	68	0.2
440-447	Congenital anomalies	27	41	68	0.2
430-438	Diseases of the musculoskeletal system & connective tissue	27	14	41	0.1
V00-V08	Supplementary classifications of factors influencing health status & contact with health services	14	14	28	0.1
	GRAND TOTAL	16416	11997	28413	100.0

TABLE 4.7.2. LEADING GROUPED CAUSES OF MORTALITY TREATED IN (450) HOSPITALS FOR THE YEAR, 1980.

GROUPED BASIC LIST	CAUSE GROUP	DEATHS			PERCENT
		MALE	FEMALE	TOTAL	
010-079	Infectious and parasitic diseases	6306	4921	11227	34.7
310-328	Diseases of the respiratory system	2303	1776	4079	12.6
460-469	Symptoms signs and ill-defined conditions	1701	1987	3688	11.4
220-294	Diseases of nervous system and sense organs	1580	1851	3431	10.6
470-560	Injury and poisoning	2197	1039	3236	10.0
330-349	Diseases of the digestive system	1294	617	1911	5.9
450-456	Certain conditions orginating in the perinal period	452	512	964	3.0
180-193	Endocrine nutritional and metabolic diseases and immunity disorders	467	331	798	2.4
080-170	Neoplasm	421	316	737	2.3
380-410	Complication of pregnancy child-birth and the puerperium	-	707	707	2.3
350-378	Diseases of the genito-urinary system	211	301	512	1.6
200-207	Diseases of blood and blood forming organs	256	121	377	1.2
430-438	Diseases of the musculoskeletal system and connective tissue	60	90	150	0.5
300-307	Diseases of the circulatory system	60	75	135	0.4
420-422	Diseases of the skin and subcutaneous tissue	75	45	120	0.4
V00-V08	Supplementary classification of factors in fluenncing health status and contact with health services	60	60	120	0.4
440-448	Congenital anomalies	30	60	90	0.3
210-219	Mental disorders	30	15	45	0.1
	GRAND TOTAL	17503	14824	32327	100.0

TABLE 4.7.3. LEADING GROUPED CAUSES OF MORTALITY TREATED IN (435) HOSPITALS FOR THE YEAR 1981

Grouped Basic List		DEATHS			Percent
		Male	Female	Total	
010-079	Infectious and parasitic diseases	4621	3531	8152	34.4
310-328	Diseases of the respiratory system	1724	1652	3376	14.2
220-296	Diseases of nervous system and sense organs	1508	1580	3088	13.0
460-469	Symptoms signs and ill-defined conditions	1269	1149	2418	10.2
470-560	Injury and poisoning	1304	766	2070	8.7
330-349	Diseases of the digestive system	873	563	1436	6.0
180-193	Endocrine Nutritional and metabolic diseases and immunity disorders	419	372	791	3.3
080-170	Neoplasms	264	288	552	2.3
380-410	Complications of pregnancy child-birth and the puerperium	-	538	538	2.3
450-456	Certain conditions originating in the perinatal period	348	119	467	2.0
200-207	Diseases of blood and blood forming organs	132	179	311	1.3
350-378	Diseases of the genito-urinary system	155	119	274	1.2
420-422	Diseases of the skin and subcutaneous tissue	71	24	95	0.4
440-448	Congenital anomalies	48	24	72	0.3
300-307	Diseases of the circulatory system	24	24	48	0.2
430-438	Diseases of the musculoskeletal system and connective tissue	12	24	36	0.1
210-219	Mental disorders	12	-	12	0.1
V00-V08	Supplementary classification of factors in fluencing health status and contact with health services	-	-	-	-
	GRAND TOTAL	12784	10952	23736	100.0

Table 4.8.1. PERCENT DISRTIBUTION OF ALL SURGICAL OPERATIONS BY TYPE OF OPERATIONS FROM (441) HOSPITALS, 1979.

(Based on 10% sample of Total in-patients)

OPERATION CODE	TYPE OF OPERATIONS	TOTAL NO. OF OPERATIONS	PERCENT
001-059	Operations of nervous system	4	0.1
061-089	Operations on endocrine system	21	0.4
100-189	Opthalmic operation	269	5.4
190-249	Ear, nose and throat operation	42	0.8
250-289	Operations of buccal cabity(upper alimentary tract)	15	0.3
290-349	Thoracic surgery	2	0.0
380-389	Operation of breast	53	1.1
400-559	Gastro-intestinal and abdominal surgery	508	10.2
560-669	Genito-urinary surgery	212	4.3
671-739	Gynaegological operation	295	6.0
740-779	Obstetric operation	1680	34.0
780-879	Orthopaedic surgery	455	9.2
880-909	Operation on peripheral blood vessels and lymphatic system	2	0.1
910-939	Operation skin and subcutaneous tissue	837	17.0
940-999	Other surgical procedures	552	11.1
	TOTAL	4947	100.0

Table 4.8.2. . PERCENT DISTRIBUTION OF ALL SURGICAL OPERATIONS BY TYPE OF OPERATIONS FROM (435) HOSPITALS, 1981

(Based on 10% sample of total inpatients)

SR. No.	OPER-CODE	TYPE OF OPERATIONS	TOTAL NO. OF OPERATION	PERCENT
1.	001-059	Operation of nervous system	2	0.1
2.	061-089	Operation of endocrine system	1	0.0
3.	100-189	Opthalmic operation	49	1.4
4.	190-249	Ear,Nose and throat operation	12	0.3
5.	250-289	Operation of buccal cavity (upper alimentary tract)	2	0.1
6.	290-349	Thoracic surgery	1	0.0
7.	380-389	Operation of breast	9	0.3
8.	400-559	Gastro-intestinal and abdominal surgery	400	11.7
9.	560-667	Genito-urinary surgery	111	3.3
10.	671-739	Gynaecological operation	202	5.9
11.	740-779	Obstetric operation	1596	46.9
12.	780879	Orthopaedic surgery	337	9.9
13.	880-909	Operations on peripherals blood vessels and lymphatic system	3	0.1
14.	910-939	Operation skin and subcutaneous tissue	424	12.5
15.	940-999	Other surgical procedures	254	7.5
		TOTAL	3403	100.0

Table 4.9.1. SINGLE LEADING CAUSES OF OUT-PATIENT MORBIDITY STATISTICS FROM ALL OUT-PATIENT DEPARTMENTS, 1979 (SUMMER SEASON)

BASIC LIST	CAUSE GROUP	SEX	CASES			PERCENT
			URBAN	RURAL	TOTAL	
016	Ill-defined intestinal infections	M	133	80	213	
		F	134	82	216	6.2
		T	267	162	429	
052	Malaria	M	165	65	230	
		F	121	76	197	6.2
		T	286	141	427	
323	Bronchitis, chronic & unspecified, emphysema & asthma	M	143	50	193	
		F	136	67	203	5.7
		T	279	117	396	
460	Pyrexia of unknown origin	M	107	78	185	
		F	102	108	210	5.7
		T	209	186	395	
203	Other & unspecified anaemias	M	33	27	60	
		F	121	147	268	4.7
		T	154	174	328	
468	Debility, unspecified	M	71	47	118	
		F	104	70	174	4.2
		T	175	117	292	
079	Other infections & parasitic diseases & its late effects	M	101	29	130	
		F	102	40	142	3.9
		T	203	69	272	
020	Pulmonary tuberculosis	M	132	18	150	
		F	93	9	102	3.7
		T	225	27	252	
V01	Supervision of pregnancy & puerperium	M	-	-	-	
		F	198	47	245	3.5
		T	198	47	245	
420	Infections of skin & subcutaneous tissue	M	101	29	130	
		F	65	24	130	3.2
		T	166	53	219	
076	Other helminthiasis	M	64	28	92	
		F	84	22	106	2.9
		T	148	50	198	
422	Other diseases of skin & subcutaneous tissue	M	54	35	89	
		F	46	36	84	2.5
		T	100	73	173	
312	Other acute upper respiratory infections	M	58	23	81	
		F	60	26	86	2.4
		T	118	49	167	
551	Certain traumatic complications & unspecified injuries	M	90	12	102	
		F	35	7	42	2.1
		T	125	19	144	
193	Avitaminosis	M	32	11	43	
		F	42	33	75	
		T	74	44	118	
	All other causes	M	1006	348	1354	
		F	1052	457	1509	41.4
		T	2058	805	2863	
	GRAND TOTAL	M	2290	880	3170	
		F	2495	1253	3748	100.0
		T	4785	2133	6918	

Table.4.9.2. SINGLE LEADING CAUSES OF OUT-PATIENT MORBIDITY STATISTICS FROM ALL OUT-PATIENT DEPARTMENTS(1981)

(Summer Season)

BASIC LIST	CAUSE GROUP	SEX	CASES			PERCENT
			URBAN	RURAL	TOTAL	
460	Pyrexia of unknown origin	M	153	157	310	8.5
		F	158	202	360	
		T	311	359	670	
016	Ill-defined intestinal infections	M	196	130	326	8.1
		F	165	146	311	
		T	361	276	637	
V01	Supervision of pregnancy and puerperium	M	-	-	-	5.8
		F	354	102	456	
		T	354	102	456	
203	Other & unspecified anaemias	M	28	59	87	5.7
		F	124	234	358	
		T	152	293	445	
323	Bronchitis, chronic and unspecified, emphysema and asthma	M	104	55	159	4.2
		F	104	68	172	
		T	208	123	331	
020	Pulmonary tuberculosis	M	137	22	159	3.5
		F	102	16	118	
		T	239	38	277	
468	Debility, unspecified	M	61	35	96	3.4
		F	80	93	173	
		T	141	128	269	
052	Malaria	M	91	54	145	3.3
		F	85	30	115	
		T	176	84	260	
076	Other helminthiasis	M	69	52	121	3.2
		F	70	60	130	
		T	139	112	251	
420	Infections of skin and subcutaneous tissue	M	94	27	121	3.1
		F	79	42	121	
		T	173	69	242	
349	Other diseases of the digestive system	M	38	56	94	2.4
		F	31	62	93	
		T	69	118	187	
422	Other diseases of skin and subcutaneous tissue	M	65	24	89	2.3
		F	44	50	94	
		T	109	74	183	
551	Certain traumatic complications and unspecified injuries	M	75	28	103	2.1
		F	44	17	61	
		T	119	45	164	
233	Conjunctivitis	M	44	26	70	2.0
		F	48	37	85	
		T	92	63	155	
079	Other infectious and parasitic diseases and its late effects	M	46	29	75	1.9
		F	45	30	75	
		T	91	59	150	
	ALL Other Causes	M	1018	400	1418	40.5
		F	1099	679	1778	
		T	2117	1079	3196	
	TOTAL	M	2219	1154	3373	100%
		F	2632	1868	4500	
		T	4851	3022	7873	

Table 4.10.1-SINGLE LEADING CAUSES OF OUT-PATIENT MORBIDITY STATISTICS FROM ALL OUT-PATIENT DEPARTMENTS, 1979(RAINY SEASON)

BASIC LIST	CAUSE GROUP	SEX	CASES			PERCENT
			URBAN	RURAL	TOTAL	
016	Ill-defined intestinal infections	M	162	95	258	6.5
		F	170	115	285	
		T	332	211	543	
052	Malaria	M	188	88	276	6.2
		F	163	89	252	
		T	351	177	528	
460	Pyrexia of unknown origin	M	125	135	260	5.7
		F	98	133	231	
		T	223	268	491	
323	Bronchitis, chronic & unspecified, emphysema & asthma	M	145	62	207	5.4
		F	174	87	261	
		T	319	149	468	
205	Other & unspecified anaemias	M	54	47	101	5.1
		F	172	165	337	
		T	226	212	438	
468	Debility, unspecified	M	92	50	142	4.3
		F	130	99	229	
		T	222	149	371	
076	Other helminthiasis	M	105	43	148	3.8
		F	114	63	177	
		T	219	106	325	
079	Other infections & parastic diseases	M	127	37	164	3.7
		F	106	40	146	
		T	233	77	310	
V01	Supervision of pregnancy & puerperium	M	-	-	-	3.3
		F	206	79	285	
		T	206	79	285	
420	Infections of skin & subcutaneous tissue	M	102	24	126	3.1
		F	100	43	143	
		T	302	67	269	
020	Pulmonary tuberculosis	M	103	21	124	2.6
		F	89	11	100	
		T	192	32	224	
253	Conjunctivitis	M	68	38	106	2.4
		F	62	34	96	
		T	130	72	202	
422	Other diseases of skin & subcutaneous tissue	M	63	25	88	2.2
		F	53	47	100	
		T	116	72	188	
312	Other acute upper respiratory infection	M	62	29	91	1.9
		F	57	18	75	
		T	119	47	166	
322	Influenza	M	57	21	78	1.9
		F	62	25	87	
		T	119	46	165	
	All other causes	M	1271	449	1720	42.1
		F	1235	660	1895	
		T	2506	1109	3615	
	GRAND TOTAL	M	2724	1165	3889	100.0
		F	2991	1708	4699	
		T	5715	2873	8588	

Table 4.10:2.SINGLE LEADING CAUSES OF OUT-PATIENT MORBIDITY STATISTICS FROM ALL OUT-PATIENT DEPARTMENTS(1981)

(Rainny Season)

BASIC LIST	CAUSE GROUP	SEX	CASES			PERCENT
			URBAN	RURAL	TOTAL	
460	Pyrexia of unknown origin	M	155	178	333	8.8
		F	183	196	379	
		T	338	374	712	
255	Conjunctivitis	M	166	74	240	5.6
		F	132	86	218	
		T	298	160	458	
052	Malaria	M	170	67	237	5.3
		F	131	56	187	
		T	301	123	424	
203	Other & unspecified anaemias	M	35	44	79	5.2
		F	139	200	339	
		T	174	244	418	
016	Ill-defined intestinal infections	M	126	84	210	5.0
		F	110	89	199	
		T	236	173	409	
325	Bronchitis, chronic and unspecified, emphysema and asthma	M	132	86	218	5.0
		F	120	66	186	
		T	252	152	404	
V01	Supervision of pregnancy and puerperium	M	-	-	-	4.5
		F	265	101	366	
		T	265	101	366	
322	Influenza	M	138	13	151	3.3
		F	98	22	120	
		T	236	35	271	
312	Other acute upper respiratory infections	M	97	33	130	3.2
		F	93	39	132	
		T	190	72	262	
468	Debility, unspecified	M	50	48	98	2.9
		F	68	73	141	
		T	118	121	239	
020	Pulmonary tuberculosis	M	122	20	142	2.8
		F	79	9	88	
		T	201	29	230	
076	Other helminthiasis	M	55	33	88	2.6
		F	69	57	126	
		T	124	90	214	
420	Infections of skin and subcutaneous tissue	M	81	26	107	2.6
		F	75	29	104	
		T	156	55	211	
422	Other diseases of skin and subcutaneous tissue	M	62	22	84	1.9
		F	45	22	67	
		T	107	44	151	
328	Other diseases of respiratory system	M	72	8	80	1.8
		F	59	3	62	
		T	131	11	142	
	ALL Other causes	M	1089	392	1481	39.5
		F	1108	613	1721	
		T	2197	1005	3202	
	TOTAL	M	2550	1128	3678	100%
		F	2774	1661	4435	
		T	5324	2789	8113	

Table 4.11.1. SINGLE LEADING CAUSES OF OUT-PATIENT MORBIDITY STATISTICS FROM ALL OUT-PATIENT DEPARTMENTS, 1979 (WINTER SEASON)

BASIC LIST	CAUSE GROUP	SEX	CASES URBAN	CASES RURAL	CASES TOTAL	PERCENT
016	Ill-defined intestinal infections	M	216	126	342	
		F	230	152	382	8.9
		T	446	278	724	
460	Pyrexia of unknown origin	M	122	140	262	
		F	146	155	301	6.9
		T	268	295	563	
203	Other & unspecified anaemias	M	53	43	96	
		F	185	205	390	6.0
		T	238	248	486	
076	Other helminthiasis	M	98	88	186	
		F	127	108	235	5.2
		T	225	196	421	
420	Infections of skin & subcutaneous tissue	M	142	55	197	
		F	128	42	170	4.5
		T	270	97	367	
468	Debility unspecified	M	81	39	120	
		F	106	115	221	4.2
		T	187	154	341	
052	Malaria	M	112	54	166	
		F	98	52	150	3.9
		T	210	106	316	
323	Bronchitis, chronic & unspecified, emphysema & asthma	M	111	43	154	
		F	93	66	159	3.9
		T	204	109	313	
V01	Supervision of pregnancy & puerperium	M	-	-	-	
		F	184	68	252	3.1
		T	184	68	252	
020	Pulmonary tuberculosis	M	115	12	127	
		F	86	9	95	2.8
		T	201	21	222	
233	Conjunctivitis	M	50	44	94	
		F	71	52	123	2.7
		T	121	96	217	
422	Other diseases of skin & subcutaneous tissue	M	75	39	114	
		F	56	40	96	2.6
		T	131	79	210	
193	Avitaminosis	M	54	18	72	
		F	54	39	93	2.1
		T	108	57	165	
551	Certain traumatic complications & unspecified injuries	M	71	15	86	
		F	41	19	60	1.8
		T	112	34	146	
330	Diseases of teeth & supporting structures	M	45	14	59	
		F	52	20	72	1.6
		T	97	34	131	
	All other causes	M	1095	399	1494	
		F	1139	585	1724	39.8
		T	2234	984	3218	
	GRAND TOTAL	M	2440	1129	3569	
		F	2796	1727	4523	100.0
		T	5236	[illegible]	8092	

Table 4.11.2. SINGLE LEADING CAUSES OF OUT-PATIENT MORBIDITY STATISTICS FROM ALL OUT-PATIENT DEPARTMENTS(1981)

(Winter Season)

BASIC LIST	CAUSE GROUP	SEX	CASES			PERCENT
			URBAN	RURAL	TOTAL	
460	Pyrexia of unknown origin	M	98	122	220	7.3
		F	93	99	192	
		T	191	221	412	
V01	Supervision of pregnancy and puerperium	M	-	-	-	6.7
		F	280	99	379	
		T	280	99	379	
016	Ill-defined intestinal infections	M	105	67	172	5.8
		F	84	71	155	
		T	189	138	327	
203	Other and unspecified anaemias	M	34	39	73	5.6
		F	90	155	245	
		T	124	194	318	
052	Malaria	M	114	60	174	5.5
		F	84	52	136	
		T	198	112	310	
323	Bronchitis, chronic and unspecified, emphysema and asthma	M	70	45	115	4.9
		F	103	61	164	
		T	173	106	279	
020	Pulmonary tuberculosis	M	112	16	128	3.4
		F	58	7	65	
		T	170	23	193	
076	Other helminthiasis	M	63	30	93	3.2
		F	50	38	88	
		T	113	68	181	
420	Infections of skin and subcutaneous tissue	M	60	31	91	3.0
		F	59	19	78	
		T	119	50	169	
468	Debility, unspecified	M	35	29	64	2.9
		F	61	40	101	
		T	96	69	165	
422	Other diseases of skin and subcutaneous tissue	M	49	24	73	2.3
		F	35	20	55	
		T	84	44	128	
349	Other diseases of digestive system	M	19	30	49	2.2
		F	27	47	74	
		T	46	77	123	
312	Other acute upper respiratory infections	M	44	15	59	2.1
		F	33	27	60	
		T	77	42	119	
551	Certain traumatic complications and unspecified injuries	M	51	24	75	2.0
		F	26	11	37	
		T	77	35	112	
435	Rheumatism, excluding the back	M	13	19	32	1.7
		F	22	43	65	
		T	35	62	97	
	ALL Other causes	M	808	299	1107	41.4
		F	813	431	1244	
		T	1621	730	2351	
	TOTAL	M	1675	850	2525	100%
		F	1918	1220	3138	
		T	3593	2070	5663	

Table 5.1. Annual Health Expenditure

Sr. No.	Year	Current Expenditure	Capital Expenditure	Total
		Kyat In Lakh		
1.	1961-62	529	19	548
2.	1962-63	594	46	640
3.	1963-64	683	75	758
4.	1964-65	735	85	820
5.	1965-66	813	118	931
6.	1966-67	859	105	964
7.	1967-68	947	86	1033
8.	1968-69	1083	86	1169
9.	1969-70	1109	96	1185
10.	1970-71	1137	51	1183
11.	1971-72	1169	55	1224
12.	1972-73	1321	96	1417
13.	1973-74(6 month)	757	31	788
14.	1974-75	1766	115	1881
15.	1976-76	1844	109	1953
16.	1976-77	2015	286	2301
17.	1977-78	2014	399	2413
18.	1978-79	2431	756	3187
19.	1979-80	2543	745	3288
20.	1980-81	2705	487	3192
21.	1981-82	3450	827	4277
22.	1982-83(P.A.)	3511	1952	5463
23.	1983-84(R.E.)	3463	2134	5597

Source : Planning Department, Ministry of Planning and Finance.

Table 5.2. Government Health Budget for 1983-84(R.E.)

(Amount & Percentage distribution in various Departments)

Kyats in thousand

Department	Current		Capital		Total	
	Amount	%	Amount	%	Amount	%
Department of Health	317761	91.8	101719	47.7	419480	74.9
Medical Education	14315	4.1	25639	12.0	39954	7.2
Sport and Physical Education	6921	2.0	80509	37.7	87430	15.6
Medical Research	6479	1.9	5414	2.5	11893	2.1
Ministers' Office	792	0.2	174	.1	966	.2
Ministry Total	346268	100	213455	100	559723	100

Source : Planning Department, Ministry of Planning and Finance.

Department of Health (1983-84)

Table 5.3.	Expenditure	Kyats
1.	Directorate	3,01,48,030
2.	Central Medical Stores Department	9,13,57,720
3.	National Health Laboratory	13,67,190
4.	General Hospital with Specialist	1,90,63,290
5.	Central Women Hospital	45,48,130
6.	Psychiatric Hospital	26,11,120
7.	Children Hospital	25,61,860
8.	T/B Hospital	9,06,140
9.	Disabled Hospital	6,80,050
10.	Eye, Ear, Nose and Throat Hospital	17,96,970
11.	Ortho Hospital	14,08,110
12.	Infectious Disease Hospital	5,61,680
13.	Health Information Services	5,66,130
14.	Port Health Services	2,04,180
15.	Nutrition Project	2,84,210
16.	Environmental Sanitation Project	6,11,280
17..	Malari a Campaign	68,14,420
18.	T.B. Campaign	49,55,200
19.	V .D. Campaign	17,38,280
20.	Leprosy Campaign	48,65,240
21.	Trachoma Campaign	24,05,730
22.	Traditional Medicine	14,11,540
23.	H.A. Training School	6,70,490
24.	Pre-requisible	21,33,180
25.	Paramedical and other training Schools	3,01,830
26.	Nursi ng and Midwifery Training Schools	25,49,800
27.	Aung San Health Demonstration Centre	4,52,340
28.	Med. Care Exp. (Foreign and local)	3,50,000
29.	Departmental Hospital	2,01,230
30.	State/Divisional Office	26,86,030
31 .	Divisional General Hospital	1,25,84,760
32.	Mandalay General Hospital	1,69,660
33.	Health Education Bureau	3,33,200
34.	Epidemic Mobile Team	5,31,710
35.	Health Laboratory	2,03,870
36.	Township Hospitals	4,34,19,880
37..	Station Hospitals	78,37,460
38.	Urban Health Centre	71,53,340
39.	Maternal and Child Health Centres	61,88,250
40.	Indigenous Medicine	14,05,660
41.	Rural Health Centre	.4,43,36,570
42.	School Health Teams	27,82,220
	Grand Total	31,77,60,530

Table 5.4 Health Manpower Situation

		1980-81	1981-82	1982-83	1983-84
1.	Doctors	7321	7871	8381	8931
	Public	3420	3656	3823	4212
	Private and Other	3901	4195	4558	4719
2.	Dental.	365	411	471	531
	Public	240	290	317	317
	Private	125	121	154	314
3.	Health Assistant	1300	1300	1348	1396
4.	Traditional Medicine Practitioner	346	359	404	449
5.	Dental Nurse	26	36	44	52
6.	Lady Health visitor	1346	1401	1567	1933
7.	Nurse	4197	4326	4607	4790
8.	Midwife	7129	7831	8175	8519
9.	Physiotherapist	85	86	91	95
10.	Medical Technologist	82	93	94	112
11.	Pharmacist	79	80	84	88
12.	Radiographer	95	75	79	83
13.	Public Health Supervisor(1)	356	461	489	516
14.	Public Health Supervisor(2)	238	363	679	991
15.	Vaccinator	867	867	867	867

Table 5.5 Contribution (1983-84)

		KYATS
1.	Department of Health.	22,71,650
2.	Sport and physical Education	10,09,000
3.	Medical Research	60,000
	Total	33,40,650

Table 5.6. Foreign Aid (1983-84)

		KYATS
1.	Department of Health	5,44,38,660
2.	Medical Research	69,53,340
3.	Medical Education	
	Total	6,13,92,000

Table 6.1. TABLE SHOWING NUMBER OF STUDENTS GRADUATED FROM INSTITUTES OF MEDICINE, I, II AND MANDALAY

YEAR	INST: OF MED. I			INST: OF MED. II			INST:OF MED. MANDALAY		
	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
1981	153	131	284	71	41	112	90	41	131
1982	195	228	423	63	34	97	114	80	194

Table 6.1.1. TABLE SHOWING NUMBER OF STUDENTS GRADUATED FROM INSTITUTE OF DENTAL MEDICINE

YEAR	MALE	FEMALE	TOTAL
1981-82	42	13	55
1982-83	55	15	70

Table 6.1.2. POST-GRADUATE TRAINING - 1979-81

(M.Med. Sc. Course)

SR. NO.	COURSE	NO. OF STUDENTS			PASSED		FAILED		REMARKS
		MALE	FEMALE	TOTAL	MALE	FEMALE	MALE	FEMALE	
1.	Medicine	7	5	12	2	-	-	-	
2.	Surgery	13	-	13	6	-	-	-	
3.	O.G.	3	6	9	3	6	-	-	
4.	Ortho	4	-	4	-	-	-	-	
5.	Child Health	2	3	5	2	3	-	-	
6.	Microbiology	1	1	2	1	1	-	-	
7.	Anatomy	-	2	2	-	1	-	-	
8.	Biochemistry	-	-	-	-	-	-	-	
9.	Ophthalmology	4	-	4	4	-	-	-	
10.	E.N.T.	1	2	3	1	2	-	-	

Table 6.1.3. POST - GRADUATE TRAINING 1979-81

(Diploma Course)

SR. NO.	COURSE	NO. OF STUDENTS			PASSED		FAILED		REMARKS
		MALE	FEMALE	TOTAL	MALE	FEMALE	MALE	FEMALE	
1.	Diploma in Anaesthesia	9	5	14	8	4	-	-	)1 male & 1 female left
2.	Diploma in Bacteriology	-	4	4	-	4	-	-	
3.	Diploma in Preventive & Tropical Medicine	2	4	6	2	4	-	-	
4.	Diploma in Child Health	4	11	15	4	11	-	-	
5.	Diploma in Laryngo-otology	3	-	3	3	-	-	-	
6.	Diploma in Ophthalmology	7	1	8	7	1	-	-	
7.	Diploma in Psychiatry	5	3	8	5	2	-	1	
8.	Diploma in Obstetrics	1	3	4	1	3	-	-	

Table 6.1.3. (Contd.)

SR. NO.	COURSE	YEAR	NO. OF STUDENTS		PASSED			REMARKS
			MALE	FEMALE	MALE	FEMALE	TOTAL	
	INSTITUTE OF MEDICINE (1)							
1.	Diploma in Anaesthesia	1964-65	3	3	3	2	5	1 female failed
		1965-66	-	-	-	-	-	
		1966-67	5	3	5	3	8	
		1967-68	6	3	6	3	9	
		1968-69	7	2	7	2	9	
		1969-70	6	-	5	-	5	1 male failed
		1970-71	8	-	8	-	8	
		1971-72	7	1	7	1	8	
		1972-73	2	4	2	4	6	
		1973-74	3	4	3	4	7	
		1974-75	3	4	3	4	7	
		1975-76	5	1	5	1	6	
		1976-77	6	3	6	3	9	
		1977-78	-	-	-	-	-	
		1978-79	8	-	7	-	7	1 male left
		1980-81	9	5	8	4	12	1 male & female left
		1981-82	4	5	4	5	9	
		1982-83	9	3	-	-	-	
	TOTAL		91	41	79	36	115	
2.	Diploma in Pathology	1965-67	3	3	2	3	5	1 male failed
		1967-69	3	4	2	4	6	1 male failed
		1969-71	2	4	2	4	6	
		1971-73	2	2	2	2	4	
		1973-75	-	1	-	1	1	
		1974-76	4	3	4	3	7	
		1976-78	6	3	5	3	8	1 male left
		1977-79	-	-	-	-	-	
		1978-80	2	3	2	2	4	1 female left
		1979-81	3	1	2	1	3	1 male failed
		1981-83	3	2	3	2	5	
	TOTAL		28	26	24	25	49	

Table 6.1.3. (Contd.)

SR. NO.	COURSE	YEAR	NO. OF STUDENTS		PASSED			REMARKS
			MALE	FEMALE	MALE	FEMALE	TOTAL	
	SCHOOL OF POST-GRADUATE							
3.	Diploma in Preventive & Tropical Medicine	1966-67	9	-	9	-	9	
		1967-68	9	-	9	-	9	
		1968-69	6	-	6	-	6	
		1969-70	10	2	10	2	12	
		1970-71	11	1	11	1	12	
		1971-72	9	3	9	3	12	
		1972-73	6	5	6	5	11	
		1973-74	7	2	7	2	9	
		1974-75	5	4	5	4	9	
		1975-76	7	2	7	2	9	
		1976-77	7	2	7	2	9	
		1977-78	-	-	-	-	-	
		1978-79	4	5	4	3	7	2 females failed
		1979-80	5	4	5	4	9	
		1980-81	2	4	2	4	6	
	TOTAL		97	34	97	32	129	
	INSTITUTE OF MEDICINE (I)							
4.	Diploma in Bacteriology	1971-72	1	3	1	3	4	
		1972-73	-	2	-	2	2	
		1973-74	2	2	2	1	3	1 female left
		1974-75	-	3	-	3	3	
		1975-76	-	-	-	-	-	
		1976-77	-	3	-	3	3	
		1977-78	-	-	-	-	-	
		1978-79	2	2	2	2	4	
		1979-80	2	4	2	4	6	
		1980-81	-	4	-	4	4	
		1981-82	1	5	1	5	6	
	TOTAL		8	28	8	27	35	

Table 6.1.3. (Contd.)

SR. NO.	COURSE	YEAR	NO. OF STUDENTS		PASSED			REMARKS
			MALE	FEMALE	MALE	FEMALE	TOTAL	
	SCHOOL OF POST-GRADUATE							
5.	Diploma in Child Health	1971-72	-	6	-	6	6	
		1972-73	3	7	3	7	10	
		1973-74	3	4	3	4	7	
		1974-75	2	9	2	9	11	
		1975-76	5	5	5	5	10	
		1976-77	3	7	3	7	10	
		1977-78	-	-	-	-	-	
		1978-79	3	7	3	7	10	
		1979-80	7	8	7	8	15	
		1980-81	4	11	4	11	15	
		1981-82	3	12	3	12	15	
	TOTAL		33	76	33	76	109	
6.	Diploma in Laryngo-otology	1971-72	3	2	3	2	5	
		1972-74	4	1	3	1	4	1 male failed
		1973-75	1	1	1	1	2	
		1974-76	4	-	4	-	4	
		1975-77	4	1	4	1	5	
		1976-78	4	-	4	-	4	
		1977-79	-	-	-	-	-	
		1978-80	4	-	4	-	4	
		1979-81	6	-	6	-	6	
		1980-82	3	-	3	-	3	
	TOTAL		33	5	32	5	37	
7.	Diploma in Ophthalmology	1972-74	5	1	4	1	5	1 male left
		1973-75	6	1	6	1	7	
		1974-76	6	-	6	-	6	
		1975-77	4	3	4	3	7	
		1976-78	6	1	6	1	7	
		1977-79	-	-	-	-	-	
		1978-80	3	3	3	3	6	
		1979-81	3	4	3	4	7	
		1980-82	7	1	7	1	8	
	TOTAL		40	14	39	14	53	

Table 6.1.3. (Contd.)

SR. NO.	COURSE	YEAR	NO. OF STUDENTS		PASSED			REMARKS
			MALE	FEMALE	MALE	FEMALE	TOTAL	
	SCHOOL OF POST-GRADUATE							
8.	Diploma in Radiology	1972-74	2	2	2	2	4	
		1974-76	5	-	5	-	5	
		1976-78	1	1	1	1	2	
		1978-80	4	-	4	-	4	
		1980-82	1	2	1	2	3	
	TOTAL		13	5	13	5	18	
	INSTITUTE OF MEDICINE (1)							
9.	Diploma in Psychiatry	1978-80	10	1	10	1	11	
		1979-81	7	4	7	4	11	
		1980-82	5	3	5	2	7	1 Female Failed
		1981-83	6	1	6	1	7	
	TOTAL		28	9	28	8	36	
	INSTITUTE OF MEDICINE (2)							
10.	Diploma in Obstetrics	1978-79	3	5	3	5	8	
		1979-80	2	8	2	8	10	
		1980-81	1	3	1	3	4	
	TOTAL		6	16	6	16	22	

Table 6.1.3. (Contd.)

S. No.	COURSE	YEAR	INST: OF MED. I				INST: OF MED. II				INST:OF MED. MANDALAY				TOTAL PASSED		TOTAL	REMARK
			NO. OF STUDENTS		PASSED		NO. OF STUDENTS		PASSED		NO. OF STUDENTS		PASSED					
			M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1.	M.Med. Sc. (Physiology)	1967-69	-	-	-	-	-	-	-	-	-	2	-	2	-	2	2	
		1969-71	-	-	-	-	-	-	-	-	2	2	1	2	1	2	3	1 M fail
		1970-72	-	-	-	-	-	-	-	-	1	3	1	3	1	3	4	
		1971-73	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1	
		1972-74	1	3	1	3	-	-	-	-	-	-	-	-	1	3	4	
		1973-75	-	2	-	1	1	-	1	-	-	-	-	-	1	1	2	1 F fail
		1974-76	-	-	-	-	-	-	-	-	-	1	-	1	-	1	1	
		1975-77	-	-	-	-	-	-	-	-	1	-	1	-	1	-	1	
		1976-78	1	-	1	-	1	-	1	-	1	1	1	1	3	1	4	
		1977-79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1978-80	-	-	-	-	-	1	-	1	-	1	-	1	-	2	2	
		1980-82	1	-	1	-	-	-	-	-	-	1	-	1	1	1	2	
		TOTAL	4	5	4	4	2	1	2	1	5	11	4	11	10	16	16	
2.	M.Med. Sc. (Anatomy)	1971-73	2	1	1	1	-	-	-	-	-	-	-	-	1	1	2	1 M fai
		1972-74	1	3	1	3	-	-	-	-	-	-	-	-	1	3	4	
		1973-75	-	1	-	1	1	-	1	-	-	-	-	-	1	1	2	
		1974-76	-	1	-	1	-	1	-	1	-	-	-	-	-	2	2	
		1976-78	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1977-79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1978-80	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1979-81	-	-	-	-	1	-	1	-	-	-	-	-	1	-	1	
		1980-82	-	1	-	-	-	1	-	1	-	-	-	-	-	1	1	
		1982-84	1	1	-	-	1	1	-	-	-	-	-	-				
		TOTAL	4	8	2	6	3	3	2	2	-	-	-	-	4	8	12	

Table 6.1.3. (Contd.)

COURSE	YEAR	INST: OF MED. I				INST: OF MED. II				INST:OF MED. MANDALAY				TOTAL PASSED		TOTAL	REMARKS
		NO. OF STUDENTS		PASSED		NO. OF STUDENTS		PASSED		NO. OF STUDENTS		PASSED					
		M	F	M	F	M	F	M	F	M	F	M	F	M	F		
M. Med. Sc. (Medicine)	1971-73	-	2	-	1	-	-	-	-	-	-	-	-	-	1	1	1 F failed
	1972-74	3	3	3	3	-	-	-	-	-	-	-	-	3	3	6	
	1973-75	2	1	2	1	-	-	-	-	1	-	1	-	3	1	4	
	1974-76	6	1	5	1	-	-	-	-	2	1	2	1	7	2	9	1 M left
	1975-77	2	1	2	1	2	-	2	-	1	2	1	2	5	3	8	
	1976-78	1	2	1	2	-	1	-	1	2	1	2	1	3	4	7	
	1977-79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	1978-80	3	-	3	-	2	-	2	-	-	-	-	-	5	-	5	
	1979-81	2	3	2	3	2	-	1	-	1	1	1	1	4	4	8	1 M failed
	1980-82	5	2	1	-	-	2	-	-	2	1	1	-	2	-	2	2 M left from 1M(1)
	1981-83	3	3	-	-	1	2	-	-	3	-	-	-	-	-	-	
	TOTAL	27	18	19	12	7	5	5	1	12	6	8	5	32	18	50	
M. Med. Sc. (Surgery)	1971-73	2	-	1	-	-	-	-	-	-	-	-	-	1	-	1	1 M failed
	1972-74	4	1	4	1	-	-	-	-	-	-	-	-	4	1	5	
	1973-75	7	-	7	-	-	-	-	-	3	-	3	-	10	-	10	
	1974-76	6	-	6	-	-	-	-	-	-	-	-	-	6	-	6	
	1975-77	5	1	5	1	1	-	1	-	3	-	3	-	9	1	10	
	1976-78	6	-	6	-	2	-	2	-	3	-	2	-	10	-	10	1 M failed
	1977-79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	1978-80	4	-	3	-	-	-	-	-	3	-	3	-	6	-	6	1 M failed
	1979-81	5	1	5	1	2	-	2	-	4	-	4	-	11	1	12	
	1980-82	8	-	4	-	3	-	-	-	2	-	2	-	6	-	6	
	1981-83	6	-	-	-	2	-	-	-	4	-	-	-	-	-	-	
	TOTAL	53	3	41	3	10	-	5	-	22	-	17	-	63	3	66	

Table 6.1.3. (Contd.)

No.	COURSE	YEAR	INST: OF MED. I				INST. OF MED. II				INST:OF MED. MANDALAY				TOTAL PASSED		TOTAL	REMARKS
			NO. OF STUDENTS		PASSED		NO. OF STUDENTS		PASSED		NO. OF STUDENTS		PASSED					
			M	F	M	F	M	F	M	F	M	F	M	F	M	F		
4.	M. Med. Sc. (Obstetrics & Gynaecology)	1971-73	1	1	1	1	-	-	-	-	-	-	-	-	1	1	2	
		1972-74	-	3	-	3	-	-	-	-	-	-	-	-	-	3	3	
		1973-75	-	3	-	3	-	-	-	-	1	2	1	2	1	5	6	
		1974-76	-	5	-	5	-	-	-	-	2	1	2	1	2	6	8	
		1975-77	1	5	1	5	-	-	-	-	1	2	1	2	2	7	9	
		1976-78	-	3	-	3	-	-	-	-	-	3	-	3	-	6	6	
		1977-79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1978-80	-	3	-	3	-	-	-	-	2	1	2	1	2	4	6	
		1979-81	-	4	-	4	-	-	-	-	1	3	1	3	1	7	8	
		1980-82	2	4	2	4	-	-	-	-	1	2	1	2	3	6	9	
		1981-83	1	6	1	3	-	-	-	-	1	3	-	-	1	3	4	
		1982-84	-	4	-	-	-	-	-	-	1	2	-	-	-	-	-	
		TOTAL	5	41	5	34	-	-	-	-	10	19	8	14	13	48	61	
5.	M. Med. Sc. (Orthopaedics)	1972-74	2	-	2	-	-	-	-	-	-	-	-	-	2	-	2	
		1973-75	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1	
		1974-76	2	-	2	-	-	-	-	-	-	-	-	-	2	-	2	
		1975-77	5	-	5	-	-	-	-	-	-	-	-	-	5	-	5	
		1976-78	4	-	4	-	-	-	-	-	-	-	-	-	4	-	4	
		1977-79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1978-80	2	-	2	-	-	-	-	-	-	-	-	-	2	-	2	
		1979-81	3	-	1	-	-	-	-	-	-	-	-	-	1	-	1	
		1980-82	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1981-83	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		TOTAL	27	-	17	-	-	-	-	-	-	-	-	-	17	-	17	

Table 6.1.3. (Contd.)

S. No.	COURSE	YEAR	INST: OF MED. I				INST: OF MED. II				INST:OF MED. MANDALAY				TOTAL PASSED		TOTAL	REMARKS
			NO. OF STUDENTS		PASSED		NO. OF STUDENTS		PASSED		NO. OF STUDENTS		PASSED					
			M	F	M	F	M	F	M	F	M	F	M	F	M	F		
7.	M. Med. Sc. (Pharmaco-logy)	1973-75	-	-	-	-	-	-	-	-	-	1	-	1	-	1	1	
		1974-76	1	-	1	-	-	-	-	-	1	1	-	-	1	-	1	2 left
		1976-78	1	1	1	1	-	-	-	-	-	1	-	1	1	2	3	
		1977-79	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1978-80	-	-	-	-	-	-	-	-	-	1	-	1	-	1	1	
		1979-81	1	-	1	-	-	-	-	-	1	-	1	-	2	-	2	
		1980-82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1982-84	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	
		TOTAL	3	3	3	1	-	-	-	-	2	4	1	3	4	4	8	
8.	M. Med. Sc. (Biochemis-try)	1976-77	-	-	-	-	-	-	-	-	1	1	1	1	1	1	2	
		1977-78	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1978-79	-	-	-	-	-	-	-	-	2	-	2	-	2	-	2	
		1979-80	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1980-81	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1981-82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1982-83	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	
		TOTAL	-	-	-	-	-	-	-	-	5	1	3	1	3	1	4	
9.	M. Med. Sc. (Microbio-logy)	1976-77	-	-	-	-	-	-	-	-	-	1	-	1	-	1	1	
		1977-78	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1978-79	-	-	-	-	-	-	-	-	-	2	-	2	-	2	2	
		1979-80	-	-	-	-	-	-	-	-	1	-	1	-	1	-	1	
		1980-81	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1981-82	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		1982-83	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		TOTAL	-	-	-	-	-	-	-	-	1	3	1	3	1	3	4	

Table 6.1.3. (Contd.)

SR. NO.	COURSE	YEAR	INST: OF MED. I				INST: OF MED. II				INST: OF MED.MANDALAY				TOTAL PASSED		TOTAL	REMARKS
			NO. OF STUDENTS		PASSED		NO. OF STUDENTS		PASSED		NO. OF STUDENTS		PASSED					
			M	F	M	F	M	F	M	F	M	F	M	F	M	F		
10.	M. Med. Sc. (Psychiatry)	1976-77	-	-	-	-	-	-	-	-	-	3	-	2	-	2	2	1 F left
		TOTAL	-	-	-	-	-	-	-	-	-	3	-	2	-	2	2	

Table 6.1.3 (Contd.)

SR. NO.	COURSE	YEAR	NO. OF STUDENTS		PASSED			REMARKS
			MALE	FEMALE	MALE	FEMALE	TOTAL	
	SCHOOL OF POST-GRADUATE							
21.	M.Med.Sc.(Child Health)	1976-78	1	1	1	1	2	
		1977-79	-	-	-	-	-	
		1978-80	2	2	2	2	4	
		1979-81	-	4	-	4	4	
		1980-82	2	3	2	3	5	
		1981-83	2	4	-	-	-	
		1982-84	2	2	-	-	-	
	TOTAL		9	16	5	10	15	
22.	M.Med.Sc.(Ophthal-mology)	1980-82	4	-	4	-	4	
		1981-83	6	3	2	2	4	
	TOTAL		10	3	6	2	8	
23.	M.Med.Sc.(Ear, Nose, Throat)	1980-82	1	2	1	2	3	
		1981-83	6	-	2	-	2	4 male transfered
	TOTAL		7	2	3	2	5	
24.	M.Med.Sc.(Public Health)	1980-82	9	3	9	3	12	
	TOTAL		9	3	9	3	12	

Table 7.1. Training programmes under the Department of Health, Ministry of Health

Public Health / Paramedical Personnel

(1984)

Sr. No.	Category of training	Place	Course per year	in take per batch	Selection criteria			Monthly Stipend	Training Course			Salary scale when appointed.	Remarks
					Education level	Age	Others		Application.	Opening	Duration		
1. (1) (2) (3) (4)	Paramedical Medical Technologist pharmacist Physiotherapist Radiographer	Rangoon	1	12 4 4 4	University 2nd yr (science combination	18-25 yrs.	-	k.80	Dec.	July.	2-yrs.	360/- 20/- 400/-	
2.	Laboratory Technician (grade 1)	Rangoon	1	20 (outsiders)	10th grade	18 27 years	-	+	Feb.	June	2-yrs.	210/- 15/- 330/-	
				10 (in-service)			Lab Tech (gr 2) with 5 yrs experience.						
3.	Laboratory Technician (grade 2)	Rarth Okkalapa Mandalay Taunggyi Bassein Moulmein	1	Total 55 12 19 8 8 8	8th grade	18-27 years	-	-	May.	Oct.	1-yr.	150/- 10/- 220/-	

Sr. No.	Category of Training	Place	Course per year	intake per batch	Selection criteria			Monthly Stipend	Training Course			Salary scale when appointed	Remarks
					Education level	Age	Others		Application	Opening	Duration		
4.	X-ray technician (grade 1)	Rangoon	2	5 (outsiders)	10th grade	18-27 years			May	Oct.	2-yrs.	210/- 15/- 330/-	
				5 (in-service)			X-ray tech. (gr.2) with 5 yrs. exp. in service						
5.	X-ray technician (grade 2)	Mandalay	1	5	8th grade	18-27 years	-	-	May	Oct.	1-yr	150/- 10/- 220/-	
6.	Health Assistant (Regular)	Rangoon	1	50	University 2nd yr (Bio combination)	18-25 years	Male	K.75	Nov.	May	2-yrs. 3-months	320/- 15/- 440/-	
7.	Health Assistant (Condensed)	Rangoon	1	70	-	Not older than 50	PHS grade 1 with 5 yrs. experience in service.	Messing allowance K.5/day	Apr.	Sept	1-yr.	320/- 15/- 440/-	
8.	Public Health Supervisor grade 1	Rangoon	1	60	-	-	PRSII with 2yrs. exp. as multi purpose health workers	Messing allowance K. 5/day	Jan.	June	9months	210/- 15/- 330/-	

Sr. No.	Category of Training	Place	Course per year	intake per batch	Selection criteria			Monthly Stipend	Training Course			Salary scale when appointed	Remarks
					Education level	Age	Others		Application	Opening	Duration		
9.	Public Health Supervisor grade I (Refresher course)	Rangoon	3	100	-	-	Vaccinators & Special Disease Control Programme	K.150	Nov. March. July	Jan. May. Sept.	3 months	130/- 10/- 200/-	
		Mandalay	2	15									
10.	Vaccinator				8th grade	18-27 years	-	-	-	-	3 months	110/- 3/- 125/-	Course opened in States/ Divisions when vacant posts appear
11.	Compounder				"	"	-	-	-	-	1 year	150/- 18/- 220/-	
12.	Assistant Refractionist	Rangoon		10	B.Sc (Physics)	18-27 years	-	-			2 years	320/- 15/- 420/-	1st course in 1967 2nd course in 1983
13.	Dental Technician	Rangoon			University 2nd year (Bio combination)	18-27 years.	-	-			3 years	360/- 20/- 400/-	
14.	School Dental Nurse	Rangoon			10th grade	18-22 years	-	K.75	May	Sept.	3 years	210/- 15/- 330/-	Stopped after the 5th batch in 1977
15.	Public Health Supervisor grade (2) (Regular)												For futute consideration

Table 7.2. Training programmes under the Department of Health, Ministry of Health

Nursing and related personnel (1984-85)

Sr. No.	Category of Training	Place	Course per year	intake per batch	Selection criteria			Monthly Stipend	Training Course			Salary scale when appointed	Remarks
					Education level	Age	Others		Application	Opening	Duration		
1.	Nurse midwife & Nurse	RGH	2	55	10th	18-27	-	K.75	June Dec.	Jan. July.	3 yrs. 6mths (Nurse midwife 3 yrs. (Nurse)	210/- 15/- 330/- Messing allowance 30/- Uniform allowance 5/-	Nursing Course is for male nurses and for midwives with 5 years experience in service
		ERGH	Once every 3 yrs.	20					June	Jan.			
		NOGH	1	8					June	Jan.			
		Moulmein	1	15					Dec.	July			
		Bassein	Once every 3 yrs.	10					June	Jan.			
		Taung-gyi	-do-	20					June	Jan.			
		Mandalay	1	25					June	Jan.			
2.	Lady Health Visitor	Rangoon	1	75	-	Under 40 yrs.	Mid-wives with 5 yrs exp.in service includ-ing 3 yrs.in rural areas	on duty with full pay	May	Dec.	9mths.	210/- 15/- 330/- Messing 30/- Uniform 5/-	

Sr. No.	Category of Training	Place	Course per year	Intake per batch	Selection criteria			Monthly Stipend	Training Course			Salary scale when appointed	Remarks
					Education level	Age	Others		Application	Opening	Duration		
3.	Midwife (18 mths)	CWW	2	90	8th grade	18-27 yrs.		K.75/-	June Dec.	Jan. July	18 mths	160/- 10/- 230/-	
		MGH	2	26									
		Moulmein	2	12									
		Bassein	2	11									
		Akyab	2	13									
		Toungoo	2	7									
		Pakokku	2	5									
		Monywa	2	4									
		Pegu	2	7									
		Mergui	2	6									
		Syriam	2	7									
		Maymyo	2	7									
		Myitkyi-na	2	6									
		Taunggyi	2	7									
		Prome	2	7									
		Pa-an	2	6									
4.	Midwifery (6 mths)	CWH	2	80	-	-		On duty with full pay	June Dec.	Jan. July	6 mths	210/- 15/- 330/- Messing 30/- Uniform 5/-	Trained Nurses with 1 year exp. in service
		MGH	2	50									
		Moulmein	2	20									
		Taunggyi	2	20									
		Akyab	2	8									
5.	Orthopaedic Nursing	Rangoon	1	14	-	-	Trained Nurse with 3 yrs. exp. in service	On duty with full pay	Oct.	Feb.	9 mths	210/- 15/- 330/- Messing 30/- Unifrom 5/-	Promoted to Staff Nurse (260-15-380) when vacant posts appear

Sr. No.	Category of Training	Place	Course per year	Intake per batch	Selection criteria			Monthly Stipend	Training Course			Salary Scale when appointed.	Remarks
					Education level	Age	Others		Application	Opening	Duration		
6.	Psychiatric Nursing	Rangoon	1	14	-	-	Trained Nurse with 3 yrs. exp. in service	On duty with full pay.	Oct.	March.	9 mths.	210/- 15/- 330/- Messing 30/- Uniform 5/-	Promoted to Staff Nurse (260-15-380) when vacant posts appear
7.	Paediatric Nursing	"	1	14	-	-	-do-	-do-	Oct.	May	9 mths	-do-	-do-
8.	Nursing Tutor	"					Staff Nurse with 5 yrs. exp. in service	-do-			1 yr.	360/- 20/- 480/- Messing 60/- Uniform 8/-	Courses conducted when vacant posts appear
9.	Midwifery Tutor	"					-do-	-do-			1 yr.	-do-	-do-
10.	Public Health Nurse	"					-do-	-do-			1 yr.	-do-	-do-
11.	Nurse	State/ Division Hospital & Specia -list Hospi- tals			8th grade	Not Older than 35 yrs.	Menial workers in health services	-do-			9 mths	130/- 10/- 200/-	-do-

Table 8.1 PUBLIC HEALTH ACTIVITIES (1983-84)

1.	Rural Health Services	
1.1	Rural Health Centres	1407
1.2	Doctors	32
1.3	Health Assistants	1086
1.4	Health Supervisors I	340
1.5	Lady Health Visitors	1237
1.6	Dental Nurses	80
1.7	Midwives	7106
1.8	Health Supervisor II	860
2.	Maternity and Child Health Services	
2.1	Maternal and Child Health Centres	360
2.2	Doctors	64
2.3	Health Supervisor I	150
2.4	Lady Health Visitors	319
2.5	Midwives	839
2.6	Health Supervisor II	114
3.	Urban Health Services	
3.1	Primary and Secondary Health Centres	66
3.2	Doctors	165
3.3	Dental Surgeons	50
3.4	Nurses	151
3.5	Lady Health Visitors	135
3.6	Midwives	252
4.	School Health Services	
4.1	School Health Teams	88
4.2	Doctors	114
4.3	Dental Surgeons	67
4.4	Dental Nurses	52
5.	Rural, Maternity and Child/Urban and School Health Services	
5.1	No. of patients treated in General Clinics(Million)	17.8
5.2	General Clinic Attendances(Million)	21.5
5.3	Number of Visits to the Villages/Wards(in thousand)	420
5.4	Number of Health Care Contacts during Field Visits(Million)	8.9
5.5	Antenatal Attendances (in thousand)	1355
5.6	Infants under one year treated (")	1286
5.7	Pre-school Children Treated (")	2060
5.8	Home Deliveries (")	591
5.9	Schools Inspected (")	18.5
5.10	Students Examined (")	1370
5.11	No. of Children under School Meal Programme(in thousand)	314

6. Primary Health Care Services

6.1	Community Health Workers		22158
6.2	Auxiliary Midwives		7200
6.3	Traditional Birth Attendants		8259
6.4	Number of Personal Health Care Contacts	(in thousand)	6335
6.5	Number of Environmental Sanitation Activities	(")	325
6.6	Antenatal Attendances	(")	171
6.7	Home Deliveries	(")	119.7

Source:- Report to the Pyithu Hluttaw, 1984-85.

Table 8.1.2. DISEASE CONTROL PROGRAMME ACTIVITIES (1983-84)

1.	Vector borne disease control programme	
	1. Persons employed	2696
	2. Population covered	
	(a) Malaria (in thousand)	6830
	(b) Dengue Haemorrhagic fever (")	363
	(c) Filariasis control (")	1991
	(d) Japanese encephalitis (")	146
	3. Patients treated (")	
	(a) Malaria (")	394
	(b) Dengue Haemorrhagic fever (")	3
	(c) Filariasis (")	8
	4. Expenditures	7135
2.	Tuberculosis control programme	
	1. Persons employed	1048
	2. B.C.G. vaccinated persons (in thousand)	500
	3. Patients treated (in thousand)	15
	4. Expenditures (in thousand)	4955
3.	Venereal disease control	
	1. Persons employed	372
	2. Patients treated (in thousand)	50
	3. Expenditures (In thousand)	1738
4.	Leprosy control programme	
	1. Persons employed	915
	2. Patients treated (in thousand)	260
	3. Expenditures (In thousand)	4865
5.	Trachoma control programme	
	1. Persons employed	561
	2. Patients treated (in thousand)	196
	3. Expenditures (in thousand)	2406

Source:- Report to the Pyithu Hluttaw, 1984-85.

Table 8.1.3. Progress In Anti-Malaria Control Measure In Burma (1981-83)(In thousand)

SR.NO.	PHASE	POPULATION		
		1981	1982	198
1.	Area with Anti-Malaria Control Measure	2,681	2964	298
1.1	Non-Malarious area	2,681	2964	298
1.2	Under drug control	7,323	7339	768
1.3	Under Insecticide spraying	4,405	4633	530
1.4	Under surveillance	13,144	13453	1465
1.5	Under vigilance	4,514	4628	503
	Grand Total	32,067	33008	356(

Table 8.1.4. Anti-Malaria Control Measures by State & Division during the year 1981

No.	Name of State/Division	No.of Township	Non-malarious area Vill'	Wds.	Under drug Control	Under insecticide sparying	Under surveillance Vill'	Wds.	Under Vigilance	Total Vill	Wds	Population (in thousa
1.	Rangoon	39	367	-	-	164	1529	-	361	2054	-	1900
2.	Mandalay	29	56	-	1144	418	2962	-	1856	5380	-	348
3.	Sagaing	38	-	-	1216	1771	1520	-	1704	6211	-	4504
4.	Pegu	28	-	-	385	249	5838	-	-	6472	-	833
5.	Magwe	25	-	-	-	862	3957	-	-	4819	-	1034
6.	Irrawaddy	26	-	-	-	1632	8431	-	1642	11705	-	145
7.	Tenasserim	10	-	-	1170	85	-	-	-	1255	-	4237
8.	Mon	10	-	-	667	469	71	-	-	1207	-	3068
9.	Karen	7	-	-	2034	138	-	-	-	2172	-	1483
10.	Kachin	18	-	-	3195	816	-	-	-	4011	-	3465
11.	Kayah	6	-	-	367	267	-	-	-	634	-	3486
12.	Rakhine	17	-	-	2843	1014	-	-	-	3857	-	3537
13.	Chin	9	-	-	1120	264	-	-	-	1384	-	3219
14.	Shan	52	-	-	13578	893	1023	-	-	15494	-	808
	TOTAL	314	423	-	26719	9042	25331	-	5563	66655	-	32067

Table 8.1.5. Anti-Malaria Control Measures by State and Division during the year 1982

Sr. No.	Name of State/Division	No. of Township	Non-Malarious areas		Under Drug Control	Under Insecticide spraying	Under surveillance		Under Vigilance	Total		Population (in thousand
			Vill	Wds.			Vill	Wds.		Vill	Wds.	
1.	Rangoon	39	367	-	-	164	1527	-	361	2052	-	3788
2.	Mandalay	29	56		744	418	2962	-	1856	5380	-	4330
3.	Sagaing	38	-	-	1216	1782	1529	-	1770	6297	-	3618
4.	Pegu	28	-	-	386	229	5858	-	-	6473	-	3544
5.	Irrawaddy	25	-	-	-	1641	8428	-	1642	11711	-	4603
6.	Magwe	25	-	-	-	872	3330	-	577	4779	-	3135
7.	Tenasserim	10	-	-	1170	85	-	-	-	1255	-	825
8.	Mon	10	-	-	667	430	110	-	-	1207	-	1514
9.	Karen	7	-	-	2034	138	-	-	-	2172	-	1057
10.	Kachin	16	-	-	2485	895	-	-	-	3380	-	832
11.	Kayah	6	-	-	267	367	-	-	-	634	-	148
12.	Arakhine	17	-	-	2843	1014	-	-	-	3857	-	1942
13.	Chin	9	-	-	1114	261	-	-	-	1375	-	357
14.	Shan	52	-	-	13466	905	1023	-	-	15394	-	3315
	TOTAL	314	423	-	29792	9201	24767	-	6206	65966	-	33008

Table 8.1.6. Anti-Malaria Control Measures by State and Division during the year 1983.

Sr.No	Name of State & Division	No.of Township	Non-Malarious area		Under drug Control	Under insecticide spraying	Under Surveillance		Under Vigilance	Total		Population (in thousand)
			Vill	Wds			Vill	Wds.		Vill	Wds	
1.	Rangoon	39	59	367	-	164	1529	-	361	2113	367	3876
2.	Mandalay	29	-	56	142	381	2996	-	1853	5372	56	4711
3.	Sagaing	38	-	-	1118	1860	1529	-	1774	6281	-	3978
4.	Pegu	28	-	-	426	248	5838	-	-	6512	-	3852
5.	Magwe	25	-	-	-	867	3370	-	577	4818	-	3406
6.	Irrawaddy	26	-	-	-	1632	8431	11	1642	11705	11	4989
7.	Tenasserim	10	-	-	1146	109	-	-	-	1255	-	898
8.	Mon	10	-	-	667	469	71	-	-	1207	-	1651
9.	Karen	7	-	-	1980	132	-	-	-	2112	-	1150
10.	Kachin	18	-	-	3144	862	-	-	-	4006	-	905
11.	Kayah	6	-	-	497	195	-	-	-	692	-	160
12.	Rakhine	17	-	-	2747	1124	-	-	-	3871	-	2111
13.	Chin	9	-	-	913	445	-	-	-	1358	-	389
14.	Shan	52	-	-	13592	715	1313	-	-	15620	-	3586
	TOTAL	314	59	423	26372	9203	2507 7	11	6207	66918	434	35662

Table 8.1.7. Phase-wise Laboratory Report of total slides examined and number of positive

R. No.	PHASE	1981						1982					
		Population (in thousand)	Total slides examined	Total positive	S P R	B E R	A P I	Population (in thousand)	Total Slide examined	Total Positive	S P R	B E R	API
1.	Under drug control	7323	74856	7038	9.40	1.03	0.97	7330	117924	12701	10.77	1.61	1.7
2.	Under Insecticide spray	4405	150179	11847	7.89	3.41	2.69	4633	206312	15175	7.36	4.46	3.2
3.	Under surveillance	13144	208421	9156	4.41	1.59	0.05	13453	335669	9448	2.82	2.50	0.7
4.	Under vigilance	4514	33224	3281	9.88	0.74	0.73	4628	100054	464	0.47	2.17	0.1
	TOTAL	29386	466680	31362	6.72	1.59	1.07	30044	759959	37788	4.98	2.53	2.2

Table 8.1.8. Registration and Treatment of Lepsory Cases 1970-1983(Sept)

Year	No. Under Treatment			Total Regist: Cases	Regul. of Treat	New Cases	Preval: rate per 1000	Lepro: mat rate 1000	Lepro: mat. Propost%	Children Propo:t %
	Rural O.P.D.	Index Inst.	Total							
1970	212566 98.65%	2914	215480	226435	87.1%	23687	11.5	2.8	24.8	17.4
1971	221738 98.61%	3129	224867	237493	86.2%	19303	11.2	2.7	24.1	15.9
1972	229398 98.75%	2892	232290	244436	86.9%	18360	8.46	1.88	23.4	14.8
1973	231673 98.95%	2456	234129	248853	87.5%	12300	8.41	1.81	22.9	12.5
1974	233587 98.98%	2395	235982	248742	87.0%	11626	8.61	1.88	23.09	11.2
1975	236870 99.01%	2376	239246	252401	87.0%	11132	8.4	1.8	23.0	10.7
1976	241613 99.07%	2277	242890	258570	86.9%	11490	8.2	1.7	22.9	9.6
1977	244593 99.11%	2208	246801	262171	87.0%	11749	7.9	1.7	22.9	8.7
1978	242316 99.16%	2065	245381	262615	87.5%	13324	8.2	1.7	22.84	7.9
1979	240885 99.13%	2120	243005	264977	87.6%	12490	7.9	1.6	23	7.16
1980	229334 99.07%	2135	231469	262081	87.2%	10400	7.6	1.5	23.3	5.95
1981	235855 99.09%	2165	238020	258737	87.4%	8526	7.3	1.6	23.36	5.77
1982	235643 99.06%	2229	237872	254356	86.8%	8703	7.2	1.6	23.62	5.56
1983(Sept)	232566 99.18%	1942	234508	252285	87.4%	7642	7.1	1.6	24.84	5.43

Table 8 1.9 School Children Exmaination during 1970-1983(September)

Year	No. Examined.	Found with Leprosy	Rate per 1000
1970	955932	9879	10.3
1971	1017218	9137	8.98
1972	1065388	8367	7.85
1973	845142	8051	9.52
1974	710011	4617	6.50
1975	790481	6204	7.85
1976	519235	3192	6.15
1977	620138	6784	10.95
1978	501979	5030	10.02
1979	515269	420	0.82
1980	480282	345	0.72
1981	412615	237	0.57
1982	442425	396	0.89
1983 (Sept)	217956	110	0.50

Table 8.1.10. Contacts Exmiantion during 1979-1983(September)

Year	No. Examined	Found with Leprosy	Rate per 1000
1970	473505	3240	6.8
1971	488195	2878	5.89
1972	476134	2417	5.07
1973	293792	1833	6.05
1974	376040	1832	4.87
1975	435488	1341	3.08
1976	404474	551	1.36
1977	409788	669	1.63
1978	48704	797	1.81
1979	443823	950	2.19
1980	353618	574	1.6
1981	336524	650	1.9
1982	334202	579	1.79
1983	179801	326	1.17

Leprosy

Table 8.1.11.

Mass Survey (1975-1983 Sept.)

Year	Population Exam.	Found with Leproay	Rate per 1000*
1975	78584	350	4.45
1976	230957	1609	6.97
1977	315597	2154	6.83
1978	459298	2356	5.13
1979	451911	2036	4.5
1980	479231	1636	3.4
1981	513314	1467	2.07
1982	470905	1441	3.0
1983 (Sept)	275769	799	2.9

Table 8.1.12. Release From Control

Year	Release From Control
1975	1335
1976	786
1977	1513
1978	3093
1979	4060
1980	4069
1981	3485
1982	3838
1983(Sept)	2690

Table 8.1.13: PRINCIPAL EPIDEMIC DISEASES IN BURMA

(1975 - 1983)

DISEASE	1975	1976§	1977	1978	1979	1980	1981	1982	1983
	C/D	C/D	C/D	C/D	C/D	C/D	C/D	C/D	C/D
Dengue Haemorrhagic Fever	5750/363	3153/98	5364/236	2029/82	4760/163	2027/79	1526/90	1706/49	2445/73
Cholera	2943/172	1532/199	2723/210	4664/419	2201/163	2594/132	923/27	1198/48	2962/94
Plague	275/20	668/50	605/26	174/6	79/3	113/9	99/2	165/1	1454/5
Japanese Encephalitis	42/32	38/30	84/16	23/8	20/7	1/0	2/1	Nil	Nil
Smallpox	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

C = Cases

D = Deaths

CENTRAL EPIDEMIOLOGY UNIT

Table 8.1.14. DEPARTMENT OF HEALTH , RANGOON.

DISEASES UNDER NATIONAL SURVEILLANCE

(1977 - 1982)

Sr No.	Disease	1977	1978	1979	1980	1981	1982
1.	Diarrhoea	247741/292	171984/364	2871428/846	358480/1038	33849/789	411094/974
2.	Dysentry	100848/47	49010/39	153822/103	158069/113	146502/82	186182/82
3.	Food Poisoning	3739/30	2925/30	8690/137	6993/97	8345/67	8947/39
4.	Typhoid & Paratyphoid	9694/32	5194/32	22093 /87	11275/128	8781/92	9978/57
5.	Pliomyelitis	321/0	267/0	207/2	248/0	339/1	304/6
6.	Dipheria	963/35	345/3	728/64	830/48	959/46	782/38
7.	Whooping cough	13056/5	10558/9	39973/35	26878/41	31424/47	41765/76
8.	Chichen-pox	3320/0	1954/0	5707/4	6838/2	5707/1	5787/8
9.	Measles	6190/3	5867/7	17045/41	21457/56	26821/142	25102/120
10.	Meningitis	1548/75	966/52	1544/120	3155/189	2231/211	4043/241
11.	Influenza	203877/3	75518/0	60340/41	209425/31	187124/169	249050/28
12.	Rabies	3942/34	1974/27	2530/476	2233/37	1685/39	1602/41
13.	Malaria	400853/564	874245/360	563372/772	580977/1733	537208/1805	669283/1702
14.	Tetanus	3113/120	1732/249	2530/476	2423/508	2711/563	3054/593
15.	V. Hepatitis	29308/211	7654/31	20137/144	15078/157	12642/101	21967/271

Notes : Annual Report for 1983 will be available in April '84.

CENTRAL EPIDEMIOLOGY UNIT

Table 8.1.15. DEPARTMENT OF HEALTH, RANGOON.

Annual Morbidity, Mortality and Case Fatality Rate of three Principal Epidemic Diseases In Burma (1946-1983)

Year	Cholera			Plague			Smallpox		
	A	D	C.F.R.%.	A	D	C.F.R.%	A	D	C.F.R%
1946	2878	2493	86.6	3965	3061	77.2	4372	1418	32.4
1947	675	507	75.1	1715	1321	77.0	3940	1481	37.6
1948	57	35	61.4	1716	1265	73.7	5849	1642	28.1
1949	228	135	59.2	810	650	80.2	3466	1032	29.8
1950	3595	2446	68.0	634	441	69.5	10225	3854	37.7
1951	6878	4769	69.3	1052	692	65.7	2750	754	27.4
1952	340	236	69.4	1013	639	63.0	2411	989	41.0
1953	22	9	40.9	501	293	58.4	164	18	11.0
1954	35	19	64.2	285	164	57.5	216	32	14.8
1955	43	13	30.2	203	98	48.2	1675	319	19.0
1956	13	6	?	273	178	65.2	4223	1496	35.4
1957	11	5	?	227	102	44.9	2739	759	27.7
1958	9	5	?	76	33	43.4	1897	381	20.1
1959	3	2	?	109	34	31.1	1601	345	21.5
1960	259	200	77.2	22	14	63.6	392	53	13.5
1961	2	1	?	41	12	29.2	91	6	6.6
1962	1	-	?	73	16	21.9	32	1	3.1
1963	3019	792	26.2	34	16	47.0	193	21	10.8
1964	1061	219	20.6	11	3	?	112	12	10.7
1965	399	52	13.0	288	29	10.0	53	5	9.4
1966	411	45	10.9	55	7	12.7	6	-	?
1967	11	-	?	141	7	4.9	-	-	-
1968	3	-	?	86	3	3.4	181	37	20.4
1969	205	34	16.6	32	1	3.1	68	11	16.2
1970	911	76	8.3	43	2	4.7	-	-	-
1971	378	42	11.1	189	16	8.5	-	-	-
1972	180	7	3.9	63	3	4.8	-	-	-
1973	386	24	6.2	17	3	?	-	-	-
1974	2363	205	8.6	700	22	3.1	-	-	-
1975	2942	172	5.85	275	20	7.28	-	-	-
1976	1532	199	12.99	668	50	7.49	-	-	-
1977	2723	210	7.72	605	26	4.30	-	-	-
1978	4664	419	8.99	1746	6	0.35	-	-	-
1979	2201	163	7.41	79	3	3.80	-	-	-
1980	2594	132	5.1	113	9	8.0	-	-	-
1981	923	27	2.9	99	2	2.0	-	-	-
1982	1198	48	4.0	165	1	0.6	-	-	-
1983	2962	94	3.2	1959	5	0.3	-	-	-

EXECUTIVE SUMMARY
OF THE PROGRAMME PROPOSALS FOR THE
PEOPLE'S HEALTH PLAN III
(1986 - 1990)

DEC. 1985

EXECUTIVE SUMMARY

1. INTRODUCTION

The first People's Health Plan (PHP I) was initiated in 1975-76 and was implemented during the four year period 1978-79 to 1981-82. PHP 1 coincided with the third national four year economic development plan. The successes of PHP I resulted in a decision that this planning process serve as the framework within which subsequent medium term health plans would be programmed and implemented.

PHP II covered the four years 1982-83 to 1985-86. During PHP II, the following five broad programmes were identified and approved by the Minister for Health.

1. Community Health Care
2. Hospital Care
3. Disease Control
4. Environmental Health and
5. Support Programmes.

PHP III covers the four year period 1986-87 to 1989-90 and coincides with the 5th four year economic development plan. PHP III is governed by the health policy laid down by the Burma Socialist Programme Party (BSPP) and national strategies for achieving Health For All by the Year 2000 (HFA 2000). The main thrust of PHP III is for qualitative improvements to the network of health facilities and services that have been established in earlier plan periods.

2. PROGRESS OF PHP (1982-83 and 1983-84)

Despite weakness in management and coordination;procedural deficiencies;and inadequate resources, overall plan performance at mid-term has been satisfactory, as reflected by favourable trends shown by vital statistics and problem reduction indicators. A considerable number of developmental and service activity targets have also been achieved. One of the major factors contributing to current achievements is the participation of the community, both as individuals and through People's Councils at all levels.

Progressive increase in per capita health expenditure and health expenditure as percent of government budget are indications of increasing commitment to the health sector by the governing authorities. Various contributions made by the community are being presented. The major inputs being new facilities and services and the increasing number of voluntary services provided by them through some 50,000 trained Voluntary Workers (VHW) who are deployed through out the country. The gap between urban and rural areas in the availability of health services,

has been considerably narrowed through services provided by VHWs. General practice and cooperative clinics operated by non absorbed medical graduates are increasingly contributing to the narrowing of this gap. As a result, very little geographical area remained which might be designated as unserved areas.

Basic Health Workers (BHWs) continued to cope with increasing challenges. Many of them are now catching up in skills improvement and this is particularly observed in the improved performance of FHP II in relation to the integrated disease control programme. Encouraging progress has been made in the delivery of Maternity and Child Health(MCH) Care. Significant contributions were made by Auxiliary Midwives(AMWs) and trained Traditional Birth Attendants(TBAs), and many of the MCH societies have also been revived. In line with the recommendation to provide PHC to all communities by the year 1990, PHC coverage through CHW has now reached 63.3% and it is expected that the target of 100% by 1990 will be achieved. The goitre control project has expanded to more townships and was gaining popularity in endemic areas.

New activities initiated during the period under review were the Ten Household Health Workers Programme (THHWs) and the Hospital and Community Nutrition Units/Centre. The effectiveness and impact of these programmes will be assessed in FHP III.

No appreciable reduction in morbidity have been observed for most of the diseases under national surveillance but Case Fatality Rates(CFRs) have declined. The Expanded Programme of Immunization (EPI) has been expanded to more townships but coverage and completion targets have not been fully met. Despite the shortcomings, nationwide impact of EPI is beginning to show by the declining trends in morbidity and mortality of many of the EPI diseases among children.

Almost all service activity and problem reduction indicators have been achieved for malaria. Dengue Haemorrhagic Fever (DHF) morbidity among children have doubled but mortality has declined by half. Japanese Encephalitis (JE) has been prevented from further spread. Filia Leprosy and Blindness Control Programmes have achieved most of their service activity targets, the Sexually Transmitted Diseases and Tuberculosis(TB) Control Programmes fell considerably short of their targets. Short supply of first line treatment drugs has hampered case finding endeavours by the TB Control Programme.

The Environmental Health (EH) Programme is hampered by inadequate manpower to cope with increasing demands of the project. Construction of water supply and sanitation facilities have achieved its targets partially, and many of the training programmes have been accomplished as scheduled.

The Hospital Care Programme enjoyed a considerable amount of cash and kind contributions from the community, particularly in urban areas.

Within the context of the resources made available to them, the four Support Projects performed satisfactorily.

3. PEOPLE'S HEALTH PLAN III (1986-1990)

The planning process of PHP III consists of two distinct phases, namely, broad programming and detailed formulation. A significant feature of PHP III is adoption of a decentralised approach to include States and Divisions in the broad programming of PHP III.

3.1 Steps in the Broad Programming Phase of PHP III

Organization

A steering committee (Annex I) chaired by the Director General, Department of Health (DOH) with the Director, DOH, as Secretary was formed to give guidance to the PHP III planning process, to review the products of each steps of PHP III and to coordinate inputs from health related ministries.

A core working group (Annex II) chaired by Dr. U Lun Wai, Director, Department of Health was established in May 1984, to coordinate all aspects of PHP III formulation and to provide technical support in programme/project formulation. Five formulation teams were set up by the core group. The team members formulated each step of the broad programming phase. The products from each step were then put up to the plenary meetings before they are submitted to the Steering Committee.

3.2 Broad Programming

The steps in the broad programming phase of PHP III were as follows:-

1. preparatory workshop for PHP III, August 1984;
2. preparation of health problem statement;
3. prioritization of disease and health conditions;
4. identification of problem reduction objectives;
5. strategy formulation, identification of critical interventions and service targets;
6. PHP III broad programming plenary session, November 1984;
7. submitting to the Steering Committee, the proposed broad programme areas, December 1984.

Coincident with the steps, complementary Joint Committee on Health Policy (JCHP) study activities in health systems management, inter-sectoral collaboration and community involvement, and development and mobilization of health resources served as inputs to the PHP III broad programming.

Regular plenary sessions were held to synthesize the findings of the formulation teams and to reach concensus on various issues related to the sixty priority diseases and conditions identified. (Annex III). The November and December 1984 workshops brought together representatives from all States and Divisions, Department of Health, Medical Research, Medical Education, the Foreign Economic Relations Department and other Department of the Planning and Finance Ministry. At these workshops, analysis of health and operational problems, critical interventions and identification of entry points and strategies for intervention was carried out.

Based on the objective criteria of morbidity, mortality, case fatality and trend and also taking into account the subjective criteria of availability of effective preventive and curative technology, community and political concern, economic implications, the group of 60 diseases or conditions identified by the PHP III central level formulation team were consolidate with the products of 14 States/Divisions ranking of the diseases/conditions. The top TEN diseases or conditions that were identified as being of NATIONAL significance were as follows:-

1. Malaria
2. Diarrhoea Diseases
3. Tuberculosis (all forms)
4. Protein Energy Malnutrition (PEM)
5. Viral Hepatitis
6. Injuries
7. Tetanus
8. Acute Respiratory Tract Infection(ARI) including Pneumonia
9. Dysentry
10. Pyrexia of unknown origin (PUO).

The main consideration by the participants to the November 1984 workshop was the selection of appropriate broad programmes for PHP III. The following suggested criteria for selection of PHP III broad programmes was provided for use by the participants in their group discussions:-

1. to reflect health policy guidelines of the Burma Socialist Programme Party (BSPP);
2. to incorporate the PHC approach;
3. to promote integration of services;
4. to reflect national priority health problems;
5. to group common functions for ease of implementation, monitoring and evaluation;
6. to maintain the momentum of PHP II.

The broad programming plenary session and the steering committee recommended that PHP III broad programmes be the same as those used in PHP II.

4. BROAD PROGRAMMES RECOMMENDED FOR PHP III

The following broad programme were recommended and subsequently approved for PHP III.

4.1 Community Health Care (CHC)
4.2 Disease Control (DC)
4.3 Environmental Health (EH)
4.4 Hospital Care (HC)
4.5 Support Programme

4.5.1 Health Manpower Development (HMD)
4.5.2 Supply Logistics, Maintenance and Repair (SL, M & R)
4.5.3 Health Education (HE)
4.5.4 Laboratory Services (Lab.)
(Health Information Services and Health Services Research were incooperated into the main broad programme areas).

5. GUIDELINES GIVEN FOR PHP III were:-

5.1 priorities to be given to grass-root level;
5.2 to shift emphasis from quantity to quality through consolidation of achievements in PHP II.

6. DETAILED FORMULATION

Detailed formulation was carried out from January 1985. The activity schedule for PHP III detailed formulation was as follows:-

1. Review/redefine problem objectives, targets, strategies and approaches;
2. Identify programme components and for each programme component prepare a brief write up on problems, objectives and targets for PHP III;
3. Plenary sessions for review of programmes/programme components and discussion on detailed formulation;
4. Detailed formulation for each programme component:-

4.1 activities and phasing
4.2 resource requirements:-

4.2.1 new facilities;
4.2.2 manpower;
4.2.3 training activities;
4.2.4 supplies and equipment;

4.2.5 other (specify);
4.2.6 budget.

4.3 organization and management;
4.4 monitoring and evaluation system.

5. Plenary sessions for review and preparation of proposals;
6. Write up of detailed formulation proposals;
7. Executive summary;
8. Steering Committee meeting;
9. Submission to Ministry of Health the proposed PHP proposals.

A thorough assessment of the broad programmes and sub programmes was undertaken to ensure that proposals resulting from PHP III detailed formulations are in accord with the health policy laid down by the Burma Socialist Programme Party and national strategies for health for all by the year 2000. Resultant programme and budgetary requirements to effect needed qualitative improvements to existing facilities and services and to provide additional services to an increasing ponulation are in accord with these policies and strategies.

7. MONITORING AND EVALUATION

The current monitoring and evaluation (M/E) system will be modified and some aspects will be strengtened in both core PHP and programme specific components. The aspects of the monitoring and evaluation process which will be strengthened are:-

1. training, supervision and career development linked to M/E capabilities,
2. statistical capabilities at township level,
3. adequate presentation of annual national core PHP report (short, attractive and timely),
4. timeliness of production of all regular reports and of conduct of all regular meetings,
5. the decision to eliminate non-essential paperwork now being done by basic health services and township staff,
6. the regular functioning of the M/E sub-committee of the PHP supervisory committee.

The main issues or strategies of PHP III related to the monitoring and evaluation process are:-

(a) the reorganization of the health team at the township level, based on the designation as team leader of a new type of township health officer with some clinical experience, well trained in public health and assisted by a Hospital Medical Officer (HMO) and by a senior health assistant and a senior Lady Health Visitor, both sufficiently trained in public health;

(b) the establishment of model townships in a phased manner, to start with 14 townships in 1986-87 and to reach 60 townships at the end of PHP III;
(c) deployment of sufficient number of Public Health Supervisor II (PHS IIs), to reach a proportion of one per health centre and sub-centre;
(d) the screening and authorization of any new records or reports suggested for filling by the basic health services and of any new data collection exercise;
(e) the screening of any ad-hoc evaluation activity or report requested from central level staff;
(f) the M/E of programme aspects to be done personally by the respective managers;
(g) integration of M/E into the training of the new Township Health Officers and the Senior Health Assistants and Lady Health Visitors and to make their M/E performance an important criterion for their career development;
(h) development of research and evaluation programs;
(i) development of a more effective disease surveillance and monitoring system at the village level;
(j) production of a computer analysis plan covering health data sub-systems;
(k) linking of M/E system to other related activities like

    (1) JCHP studies
    (2) Danida-WHO supported programme on strengthening of Health Services Management (in particular, the envisaged subproject called "township health services utilization and study procedures")
    (3) Joint Government-WHO Monitoring and Evaluation Review of Implementation of the People's Health Plan.

(l) suitable indicators will be devised to assess the impact of PHP III programmes on the health status of the population.

8. SUMMARY OF THE PROGRAMME PROPOSALS

8.1 Community Health Care Programme

8.2 Disease Control Programme

8.3 Environmental Health Programme

8.4 Hospital Care Programme

8.5 Support Programmes

8.5.1 Health Manpower Development Project

8.5.2 Supply Logistics, Maintenance and Repair Project

8.5.3 Health Education Project

8.5.4 Laboratory Project.

COMMUNITY HEALTH CARE PROGRAMME

1. OBJECTIVES

1.1 Further reduction of the morbidity and mortality of the diseases especially amongst children, women and working people.

1.2 Continued expansion in coverage and improvement of quality of Primary Health Care in all townships, with particular emphasis on health education, nutrition promotion, maternal and child health care, treatment of minor ailments, control of locally endemic diseases.

1.3 Increasing the availability of trained VHWs.

1.4 Strengthening the BHS institutions and staff.

2. STRATEGIES

The main strategies for Community Health Care Programme are as follows:-

2.1 Expansion of the coverage of the essential health care (PHC) to all the wards and villages in all townships of the country, with improved health care delivery as the key approach.

2.2 The availability of Volunteer Health Workers (VHWs) will be enhanced by increased allocation of prescribed number of VHWs and recruiting more female volunteers.

2.3 Major technical interventions (service activities) will be geared to mothers and children, to reduce the critical health problems affecting them, by increasing the coverage and efficiency of Maternal and Child Health Services, Nutrition Surveillance, Monitoring, Promotion and Education, appropriate Health Education, Food and Drug Supplementation, Immunization and Oral Rehydration Therapy (ORT) etc.

2.4 Strengthening of health care services through expanded and improved institutional and domiciliary care.

2.5 Ensuring more community involvement, promotion of self-reliance and enhancement of the health promotive and preventive activities will be launched more extensively.

2.6 Development of model townships i.e. strengthening of the township level management and planning are to be brought about by intensive quality control and assurance, training, supervision, guidance and support.

2.7 Promotion and effective utilization of relevant operational studies will be brought about.

2.8 Monitoring and Evaluation of the progress and achievement of the programme implementation will be carried out in a simple way and more systematically.

2.9 Extension and strengthening of the nutritional status by specific nutritional intervention in schools by school-feeding activities.

2.10 Extension of Goitre control activities in the endemic areas.

3 TARGETS

3.1	Expansion of new RHCs	35 yearly
3.2	Expansion of Rural Health Sub-centres	175 yearly
3.3	Urban Health Centres	2 "
3.4	Training of Rural CHWs	24775 (86-90)
3.5	Training of Urban CHWs	3225 "
3.6	Training of AMWs	8000 "
3.7	Training of TBAs	4000 "
3.8	Training of ten household health workers (THHWs)	36000 "

3.9 To expand the accessibility of primary health care activities through CHWs and MWs from 63.3 percent to 100 percent of all villages of the whole country by 1990.

3.10 To increase the number of townships with 1:1 ratio of CHWs and MWs to villages/ward from 138 in 1985-86 to 314 in 1989-90.

3.11 To extend the direct provision of the Maternal and Child Health (MCH) services through MWs and AMWs from 27.0% in 1986 to 41.7% of all villages in the whole country by 1990.

3.12 To strengthen and improve Nutrition Promotion activities including organization of School Lunch Programme in a phased manner to all 314 townships.

3.13 To establish a total number of 1712 Basic Health Institutions (RHCs, Sub-RHCs, School Health Teams, Urban Health Centres) and to employ 5500 BHS personnel in addition to the existing staff of 1986.

3.14 To develop 60 model townships (15 each year) during the plan period.

3.15 To cover 9.1 million population in Goitre Endemic area under Lipoidal injection programme, until other acceptable and appropriate technical intervention/s could be introduced.

3.16 To provide essential health care to over 20 million rural population, maternal and child health care to 2.4 million pregnant mothers and 2.4 million infants and about 2.5 million school children.

3.17 A series of local training, workshops, seminars, advocacy meetings, etc. will be conducted with a view to improve the quality of services.

3.18. Technical Assistance

3.19 Fellowships 31 in No.

DISEASE CONTROL PROGRAMME

1. OBJECTIVES

1.1 To strengthen the epidemiological surveillance activities to ensure early recognition and timely and effective prevention and control of communicable diseases.

1.2 To expand immunization activities.

1.3 To strengthen activities related to vector-control and vector-borne diseases.

1.4 To expand and improve case finding, management and preventive activities.

2. STRATEGIES

Prevention and control of common communicable diseases through:-

2.1 Expansion of immunization activities in 72 townships.

2.2 Continuation of feasible study on measles immunization in Rangoon Municipal area.

2.3 Reduction of morbidity and mortality due to vector-borne diseases through surveillance, case detection and treatment, chemoprophylaxis, insecticidal measures, elimination of breeding places by bioenvironmental measures and general sanitations.

2.4 Disinfection, chlorination, deratisation.

2.5 Registration and treatment of leprosy and tuberculosis cases and treatment of other skin diseases.

2.6 Mass screening and treatment of eye diseases for prevention of blindness.

2.7 Introducing pilot control programme for acute respiratory infections.

2.8 Epidemiological surveillance and investigation of diarrhoeal diseases, plague and other zoonoses.

3. TARGETS

		(86-90)
3.1	Regional Leprosy Office	1
3.2	Special Skin Unit (S/D)	1
3.3	Special Skin Unit (Townships)	8
3.4	Special Disease Control Unit (S/D)	1
3.5	Prevention and Control of Blindness Units	2

		(86-90)
3.6	Production of mannuals	yearly
3.7	Acute Respiratory Infection Pilot Control Early diagnosis and treatment - S/D	7
	- Township	7
3.8	Control of Diarrhoeal Diseases - Stool culture	70400
	- Epidemiological investigation of diarrhoea (5% of severe cases)	7800
3.9	EPI - DPT (No. of infants)	202400
	- TT (pregnant women)	455500
3.10	Leprosy - Registration	32500
	- Special treatment	20700
3.11	Skin - Skin cases	80000
3.12	Prevention of Blindness - Mass screening and selective treatment	360000
	- Surgical repair of Entropion and treatment	2000
3.13	Tuberculosis Control - Registration (10% of symptomatics)	652000
	- Defaulter tracing (40% of registered cases)	37000
3.14	VBDC - DDT spraying regular villages	34000
	- DHF sero surveys	33600
3.15	Zoonoses - Plague epidemiological investigation	6300
	- Leptospirosis survey	4800

3.7 to 3.15 indicate critical activities only.

ENVIRONMENTAL HEALTH PROGRAMME

PART (1) ENVIRONMENTAL SANITATION

1. OBJECTIVES

To improve environmental health in the country and thereby decrease the occurrance of diseases due to lack of safe and adequate water supply and sanitary disposal of waste.

2. STRATEGIES

2.1 Provision of safe and adequate water supply (institutions and rural areas).

2.2 Provision of sanitary facilities for excreta disposals.

2.3 Sanitary disposal of garbage and refuse.

2.4 Surveillance of water supply and waste disposal.

2.5 To review existing Act and Regulations in collaboration with related sectors.

2.6 Training for Environmental Health.

2.7 Development of community based Health Education delivery system for improvement of healthy person in healthful environment.

2.8 To carry out Operational Research.

3. TARGETS

3.1	Environmental Sanitation Units (S/D)	7 in Nos.
3.2	Construction of stores at central(field) level	1 (87-88)
3.3	Construction of Office/Stores at States/Divisions	7 in Nos.
3.4	Construction of Godowns	7 "
3.5	Vehicles	7 "
3.6	Motor Cycle	14 "
3.7	To construct water system	
	(a) Hospital and nearby communities	65 systems
	(b) RHC/Schools and nearby communities	240 "
3.8	To construct rain-water collection tanks for primary schools	900 schools
3.9	To construct sanitary household latrines	650000 latrines
3.10	To construct school latrine for primary schools	900 schools

3.11	To construct household garbage pits in rural areas	65000 pits
3.12	To organize mass cleansing campaign (one campaign in one township and one RHC per year)	64000 campaigns
3.13	To conduct sanitary inspection of water sources and latrines	(Routine work)
3.14	Water analysis	13635 samples
3.15	Chlorination of new and reconditioned water systems	13636 water sources
3.16	Enactment of environmental health act	
3.17	Study of existing rules and regulations related to sanitation.	
3.18	To provide refresher training for TMOs/THOs	200 TMOs/THOs
3.19	To carry out latrine construction orientation workshop at central level	60 Townships + 14 S/D HEOs
3.20	To carry out latrine construction orientation course at township level	60 Townships
3.21	To conduct training for rain-water collection tanks construction at township level	60 training centres
3.22	To perform evaluation workshop on water supply and sanitation	2 times
3.23	To produce educational materials	
	(a) booklet	3000 booklets
	(b) posters	10000 posters
	(c) folders	5000 folders
3.24	To conduct study/survey	
	(a) Technology	1
	(b) Community involvement	1
	(c) Utilization	1
	(d) Health impact	1
3.25	To conduct experiment on construction of rain-water collection tanks, with bamboo reinforcement	11 tanks
3.26	Training courses	10 in Nos.
3.27	Fellowships	27

PART (II) OCCUPATIONAL HEALTH

1. OBJECTIVES

1.1 to prevent occupational hazards.

1.2 to promote the health of workers.

2. STRATEGIES

2.1 Monitoring and surveillance or workers and the working environment.

2.2 Strengthening of occupational health services.

2.3 Training of medical and paramedical personnel, management, foremen and engineers.

2.4 Formation of an occupational health information system leading to the establishment of environment and poison centres.

2.5 Health education delivery to promote changes in the awareness, attitudes and life style of the workers.

3. TARGETS

		(86-90)	
3.1	Occupational Health Units (State/Division)	6	
3.2	Construction of Building (Central)	1	
3.3	Establishment of Occupational Health Laboratory (S/D)	6	
3.4	Vehicles	8	
3.5	Medical Surveillance	204000	workers
3.6	Environmental monitoring	144	work places
3.7	Training courses	110	for MO, Nurses, Engineers, BHS.
3.8	Fellowships	17	

HOSPITAL CARE PROGRAMME

1. OBJECTIVES

The objective of the Hospital Care Programme is to achieve an acceptable level of health for all by the year 2000.

1.1 To provide adequate and essential medical care for prevailing diseases and injuries so as to lower the case fatality rate.

1.2 To prevent or reduce both mental and physical disabilities.

1.3 To improve the quality and skill of Hospital Care workers.

1.4 To contribute more effective health care delivery to cover the rural population and also to make better utilization of the indigenous resources and technical knowhow.

2. STRATEGIES

2.1 Expansion of total bed strength for Hospital Care to alleviate shortage as the population increases.

2.2 To improve the quality of Hospital Care Services.

2.3 To achieve an efficient communications and referral system.

2.4 To improve necessary specialised services at intermediate and central level.

2.5 To strengthen the existing Traditional Medicine institute at Mandalay.

2.6 To strengthen the Traditional Medicine hospitals in Mandalay and Rangoon.

2.7 To strengthen the existing Traditional Medicine clinics and to establish more operational Traditional Medicine clinics.

2.8 To develop and implement the training programmes for the following:-

(i) Teaching staff from Mandalay and Rangoon.
(ii) Staff from hospital and clinics.
(iii) Other health staff and volunteers such as HA, CHW, etc.
(iv) 4000 registered private Traditional Medicine Practioners.

2.9 To carry out operational research in Traditional Medicine.

2.10 To develop herbal gardens at Mandalay and Rangoon.

3. TARGETS

	(86-90)
3.1 New Station Hospital	20

		(86-90)	
3.2	Strengthening of existing Station Hospital	335	
3.3	Upgrading 16 to 25 bed hospitals	30	
3.4	" 25 to 50 "	6	
3.5	" 50 to 100 "	2	
3.6	" 100 to 150 "	4	
3.7	New Dental Units	8	
3.8	Upgrading of South Okkalapa Hospital(teaching)	1	
3.9	Strengthening of Manpower of teaching hospitals	4	
3.10	Upgrading of General Hospital in Rangoon(teaching)	4	
3.11*	New General Hospital in Rangoon (Phase 1) (teaching)	1	(88-89)
3.12	Strengthening of S/D H.Q. Hospital	4	
3.13*	Construction of Eye Hospital(Rangoon)(teaching)	1	(89-90)
3.14*	Construction of 300 bedded General Hospital (Mandalay)(teaching)	1	"
3.15	Traditional Medicine Dispensaries (S/D)	40	
3.16	Extension of Herbal Gardens (Rangoon & Mandalay)	2	
3.17	Strengthening of Traditional Medicine Hospital (Rangoon & Mandalay)	2	
3.18	Strengthening of Drug and Production Units (Rangoon & Mandalay)	2	
3.19	Fellowships	56	
3.20	Training courses	57	

* Resource Requirement will be taken up separately.

8.5 SUPPORT PROGRAMME

8.5.1 Health Manpower Development Project

8.5.2 Supply Logistics, Maintenance and Repair Project

8.5.3 Health Education Project

8.5.4 Laboratory Project

HEALTH MANPOWER DEVELOPMENT PROJECT

1. OBJECTIVES

1.1 To develop appropriate health personnel in the context of the People's Health Plan and to orientate the professional and para-professional staff with a curriculum relevant to the PHC.

1.2 To initiate the establishment of the National Continuing Education system in conformity with the People's Health Plan, so as to provide continuing education for all health workers.

1.3 To train teachers of all teaching institutions under DOH of health personnel in:-

(a) their own subject matter;
(b) educational technology; and
(c) management science.

1.4 To develop managerial capabilities of health personnel at all levels.

2. STRATEGIES

2.1 Strengthening of the training division and training institute to function as a coordinating unit for the existing schools and institutes under the Department of Health, including State/Division training teams.

2.2 Strengthening of the training division to function as a coordinating unit for health manpower planning activities within the Department of Health and to coordinate with the Department of Medical Education and other departments in such activities.

2.3 Strengthening health manpower development methodologies.

2.4 Improving the teacher training programmes of the various institutions.

2.5 Developing the expertise of teachers of the various institutions by local training or training abroad.

2.6 Reviewing job descriptions of various categories of health workers for curriculum planning.

2.7 Reviewing selection procedures for various categories of health workers.

2.8 Strengthening the training programmes and training facilities including field practice areas and improving teaching technology in various teaching institutions.

2.9 Initiating the establishment of the national continuing education system in accordance with the People's Health Plan.

2.10 Developing and strengthening educational technology units in the various institutions.

2.11 Conducting management training programmes for managers at all levels.

3. TARGETS

3.1 To train eighty five (85) Health Assistants yearly in 1986-87 and 1987-88 and one hundred and ten (110) yearly in 1988-89 and 1989-90.

3.2 To train seventy (70) Public Health Supervisors (Grade I) yearly in 1986-87 and 1987-88 and one hundred and twenty (120) yearly in 1988-89 and 1989-90.

3.3 To train three hundred and seventy five (375) Public Health Supervisors (Grade II) yearly.

3.4 To train seventy six (76) Lady Health Visitors yearly.

3.5 To train four hundred and twenty five (425) Midwives in 1986 and four hundred and fifty (450) in later years.

3.6 To train an average of three hundred and two (302) Nurse-Midwives yearly.

3.7 To train four (4) radiographer in 1986-87 and eight (8) yearly in later years.

3.8 To train five (5) pharmacists in 1986-87 and eight (8) yearly in later years.

3.9 To train four (4) physiotherapists in 1986-87 and eight (8) yearly in later years.

3.10 To train eleven (11) medical technologists in 1986-87 and 1987-88 and twelve (12) yearly in later years.

3.11 To train fifteen (15) X-ray technicians Grade I each in 1986-87 and 1988-89.

3.12 To train ten (10) X-ray technicians Grade II yearly.

3.13 To train thirty (30) laboratory technicians, Grade I yearly.

3.14 To train fifty five (55) laboratory technicians Grade II, yearly.

3.15 To train twelve (12) compounders yearly during PHP III period.

3.16 Thirty (30) matrons and nursing sisters and thirty (30) nurse educators (including Public Health Nurse) will be trained in Nursing Administration in 1986.

3.17 To train two hundred (200) teachers of health personnel in Education Science and Management Science yearly.

3.18 More refresher training courses for various categories of health workers will be given in line with PHP III as required.

3.19 Job description of various categories of health workers will be reviewed by 1987.

3.20 Selection procedures for various categories of health workers will be reviewed by 1987.

3.21 National Continuing Education System will be initiated by 1986.

3.22 Curricula of at least ten (10) categories of health workers will be reviewed and revised by 1988 and additional nine (9) categories reviewed and revised by 1989.

3.23 All training schools and institutions will be strengthened in terms of manpower and materials and all field practice areas will be developed and improved by March 1990.

3.24 Operational research relating to health manpower development will be conducted by the Department of Health and Medical Education in 1987 and 1988.

SUPPLY LOGISTICS, MAINTENANCE AND REPAIR PROJECT

1. OBJECTIVES

1.1 To expand and improve the distribution network of Central Medical Stores Depot (CMSD), sub-depots and Transit Camps throughout the country so that proper and efficient procurement, storage and distribution can be performed in time.

1.2 To improve the existing facilities of installation, maintenance and repair so that electro-medical equipment in all hospitals under DOH can be fully utilized for diagnostic and therapeutic purposes effectively and efficiently.

2. STRATEGIES

2.1 Appointment of additional staff for CMSD, its branches, Central Workshop and its branches.

2.2 Establishment of more Transit Camps.

2.3 Acquisition of more vehicles for effective distribution purposes.

2.4 Increase usage of transportation of medical supplies to some end-users by roads using CMSD owned trucks thereby effecting distribution in time.

2.5 Conducting of training courses yearly on handling, maintenance and repair of medical equipment.

2.6 Acquisition of required supplies and equipment and spare parts for hospital equipment from both UNICEF and WHO.

2.7 Establishment of Central Workshop and its branches (King pin, supported and self supported workshops).

3. TARGETS

		(86-90)
3.1	Transit camps	4 numbers
3.2	Vehicles	20
3.3	Central Workshop	1
3.4	King pin	6
3.5	Self supported workshop	4
3.6	Supported workshop	20
3.7	Fellowships	8
3.8	Training	7 courses

HEALTH EDUCATION PROJECT

1. OBJECTIVES

To ensure delivery of health education services to all sectors of the general public to foster Mass Involvement in the PHP activities.

1.1 To equip BHS and VHW with basic behavioural science technology.

1.2 To set up health education mechanism at all levels from the Central to the Periphery.

1.3 To develop community self-reliance and self-help system for their health matters and promote their consciousness of seeking help when needed.

2. STRATEGIES

2.1 Diffusing modern health education concepts among health personnel.

2.2 Innovating health education techniques among health personnel, media youth, media women and critical mass leaders of health.

2.3 Identifying entry points for health education at every level; especially at the communal.

2.4 Strengthening Multidisciplinary approach:- the health education programme accepts the multisectoral collaboration concept and continued dialogue with other health sectors and national sectoral programmes.
This support programme will be executed based on the following multidisciplinary approach:-

(a) organizing communities and sharing of responsibilities by the community members for their own health matters.

(b) implementing health education activities through multi-sectoral collaboration and cooperation.

(c) ensuring increased collaboration of other sectors such as:- agriculture, education, social welfare, etc. in health education activities.

(d) imparting health education to the communities and allowing a considerable degree of flexibility in the process of health behavioural change.

3. TARGETS

	(86-90)
3.1 Audio Visual Units at Stste/Division	5

(86-90)

3.2	Health education support at hospital and township level through provision of S & E	314
3.3	Radio broadcasts	680
3.4	Booklet (Radio scripts)	8
3.5	Health songs	40
3.6	Cassette tape recording	600
3.7	Health film shooting	12
3.8	Television spots	20
3.9	Workshop (a) Central level	1
	(b) State/Division level	1
	(c) Township level	2
3.10	Workshop/Training	52
3.11	Poster (2 poster x each PHP project)	32
3.12	Folders (4 folders x each PHP project)	64
3.13	Booklets (2 booklets x each PHP project)	32
3.14	Cinema slides(5 slides x each PHP project)	80
3.15	Research and studies	6
3.16	Fellowships	28

LABORATORY SERVICES PROJECT

1. OBJECTIVES

Reorientation and development of the health laboratory services so as to enable it to adequately fulfil the laboratory requirements of the People's Health Programme and other programmes of the health services.

2. STRATEGIES

2.1 To continue the process of peripheral extension of laboratories, but at a reduced pace.

2.2 To consolidate and improve the quality of the existing laboratories at the central and intermediate levels by:-

(a) reinforcement of staff;
(b) upgrading of equipment and facilities;
(c) expansion of the quality control programmes and other measures to improve quality of the laboratory services.

2.3 To establish specific facilities and services to cater to specific requirements of the various People's Health Programme and other health programmes.

2.4 To continue to develop the food and drug quality control infrastructure in order to tackle the food and drug quality control problems identified in the third and previous People's Health Plans.

3. TARGETS

3.1 Peripheral Level

To establish 24 Type C laboratories.

3.2 Intermediate Level

(a) Rennovation of laboratories facilities in 5 Type A, 10 Type B, 10 specialist hospital laboratories and the construction of a building for the public health laboratory in Mandalay.

(b) To institute the following quality control measures:-

(i) internal quality control programme in all central and intermediate level laboratories.

(ii) external quality control programme in clinical chemistry in all Type A laboratories and 10 additional Type B laboratories.

(iii) external quality control programmes in Microbiology in 7 Type A laboratories, 10 Type B laboratories and in all teaching hospital laboratories.

3.3 Central Level

(1) To establish laboratory facilities at the national level in the following fields:-

(a) Echo and coxackie virology;
(b) quality control in microbiology.

(2) To expand and renovate existing rooms and facilities and supplement and replace equipments at the National Health Laboratory, Central National Blood Bank.

(3) To train 69 Medical Officers and technicians.

3.4 Specific Facilities

(1) To establish 10 narcotic laboratories for narcotic treatment centres.

(2) To establish 10 cholera culture facilities in Type A and B laboratories.

(3) To establish facilities for rabies diagnosis in four Type A laboratories.

(4) To establish cytology facilities in four Type A laboratories.

3.5 Development of Food and Drug Quality Control Infrastructure

(1) To construct a building for food and drug quality control service.

(2) To establish food and drug inspection and enforcement services at central as well as State and Division levels.

(3) To establish training courses on food inspections and drug inspection.

(4) To establish 8 food and water sanitation laboratories.

(5) To upgrade 2 water testing laboratories.

(6) To establish 4 food control laboratories.

3.6 Training 20 courses

3.7 Fellowship 13 in Nos.

9. RESOURCES

(a) MANPOWER

The total manpower requirements over the planned period for each of the programme is shown in Table I. A total of (9708) personnel are required for the 4 year planned period. In pursurance of the guidelines of the Steering Committee, more than half of the required manpower will be allocated to Basic Health Services.

(b) FINANCE

The total financial requirement over the planned period is expected to be Kyats(1518.7)millions. The contribution of each of the three sources - Government, Community and External Aid - is shown in Table V.

When the Government inputs is examined with reference to each programme (Table II), it is found that major share goes to Disease Control Programme followed by Community Health Care, Hospital Care and Environmental Health programme in descending order.

Regarding the Community inputs, unlike in PHP II where only Community Health Care and Environmental Health programmes proposed the need for community support, four programmes - Community Health Care, Hospital Care, Environmental Health and Support, envisaged to have the community support (Table III). This reflects increase community involvement in solving the health matters in PHP III.

10. POTENTIAL BENEFITS AND IMPACT

The potential benefits and the impact of the implementation of the PHP III (1986-90) may be summarised as below:-

(1) The disparity in the availability of health care between the rural and urban areas will be lessened;

(2) The standard of health and the quality of life will be raised by better services and facilities;

(3) Morbidity and mortality of prevailing diseases will be reduced which will in turn contribute to the increase in productivity;

(4) The community will become aware of their duties and responsibilities for identifying and solving their own health problems;

(5) All the 314 townships in Burma will be provided with essential health care with a shift in emphasis from quantity to quality.

ANNEX (I)

STEERING COMMITTEE

1.	Director General, Department of Health.	Chairman
2.	Director General, Department of Medical Education.	Member
3.	Director General, Department of Medical Research.	"
4.	Director General, Department of Sports and Physical Education.	"
5.	Director General, Department of Basic Education.	"
6.	Director General, Department of Foreign Economics Relations.	"
7.	Director General, Department of Agricultural Mechanization.	"
8.	Director of Medical Services, Ministry of Defence.	"
9.	Director, Department of Health.	"
10.	Director (Medical Care), Department of Health.	"
11.	Director (Public Health), Department of Health.	"
12.	Director (Disease Control), Department of Health.	"
13.	Director (Laboratory), Department of Health.	"
14.	Director (Planning, Training, Administration and Finance), Department of Health.	Secretary
15.	Deputy Director (Training), Department of Health.	Add. "

ANNEX (II)

CORE GROUP

1.	Dr. U Lun Wai Director, Department of Health.	Chairman
2.	Dr. U Thein Dan Deputy Director, Training (DOH).	Member
3.	Dr. U Myo Tint Deputy Director, Occupational Health (DOH).	"
4.	Dr. U Khin Maung Kywe Head, Occupational Health Lab. (DOH).	"
5.	U Myint Assistant Director, Environmental Sanitation(DOH).	"
6.	U Tun Yin Assistant Director, Budget (DOH).	"
7.	Dr. U Franco Tin Malariologist (DOH).	"
8.	U Khin Maung Thwin Senior Statistician (DOH).	"
9.	U Ko Ko Lay Account Officer (DOH).	"
10.	Dr. Daw Thyra Po Assistant Director, Nutrition (DOH).	"
11.	Dr. U Than Sein Medical Officer (DOH).	"
12.	Dr. U Than Tun Sein Medical Officer (DOH).	"
13.	Dr. U Htin Aung Medical Officer (DOH).	"
14.	Dr. U Aung Tun Thet Assistant Lecturer, Institute of Economics.	"
15.	Dr. U Than Win Deputy Director, Medical Education.	"
16.	Dr. U Thein Maung Myint Deputy Director, Department of Medical Research.	"
17.	Dr. Daw Khin Swe Kyaw Medical Officer (DOH).	Secretary (1)
18.	Dr. U Phone Saing Medical Officer (DOH).	Secretary (2)
19.	U Aung Kyaing Health Economist (DOH).	Secretary (3)

ANNEX (III)

PRIORITY LISTING OF DISEASES

THIRD PHP	SECOND PHP	FIRST PHP
1. Malaria	Diarrhoeas	Malaria
2. TB (all forms)	Malaria	Protein Caloric Malnutrition
3. Diarrhoea	Protein Energy Malnutrition	Pulmonary Tuberculosis
4. Anaemia	Other diseases of Respiratory System	Anaemia
5. All abortions	Cholera	Tetanus
6. Cardiovascular Diseases	Perinatal mortality and morbidity	Maternal and peri-natal morbidity and mortality
7. Tetanus	Injuries	Hypovitaminosis
8. Injuries	Pneumonias	Leprosy
9. Viral Hepatitis	Tetanus	Cholera
10. Haemorrhage of pregnancy and child birth	Pulmonary Tuberculosis	Accidents
11. Trachoma	All malignant neoplasms	Rabies
12. PEM	Hypovitaminosis	Plague
13. Complications occurring mainly in the course of labour and delivery	Hypertension and hypertensive heart disease	Abortion
14. Drug addiction	Complication of pregnancy and puerperium	Complications of pregnancy & puerperium
15. DHF	Rheumatic heart disease	Poliomyelitis
16. Snake bite	Anaemias	Enteritis and other diarrhoeas
17. Burns	Snake bite	Dengue Haemorrhagic Fever
18. Pneumonias	Pyrexia of unknown origin	Smallpox
19. Typhoid fever	Other heart diseases	Typhoid
20. Measles	Cirrhosis of liver	Japanese Encephalitis
21. Cancer (all organs)	Amoebiasis	Snake bite

THIRD PHP	SECOND PHP	FIRST PHP
22. Plague	Peptic ulcer	Filariasis
23. Cholera	Poisoning	Amoebiasis
24. Dysentery (Amoebic and Bacillary)	Diseases of the ear	Carcinoma cervix
25. Leprosy	Infective Hepatitis	Goitre
26. Meningitis	Helminthiasis	Helminthiasis
27. Food poisoning	Psychiatric disorders	Diphtheria
28. Diphtheria	Meningitis	Other neoplasms
29. Dental caries	Ischaemic heart disease	Whooping cough
30. Influenza	Bronchitis	Trachoma
31. Nephritis, Nephrotic Syndrome & Nephrosis	Typhoid	Leptospirosis
32. Toxaemia of pregnancy	Acute Respiratory infection	Cancer (Breast)
33. Diseases of the skin	Diabetes mellitus	Brucellosis
34. STD	Skin diseases	Pneumonia
35. Poisoning other than food poisoning	Infectious eye conditions	Hepatitis
36. Whooping cough	Non-infectious eye conditions	RHD
37. PUO	Leprosy	Bronchitis
38. Rabies	Arthropod borne haemorrhagic fever	Nephritis
39. Chronic liver diseases and cirrhosis	Other forms of TB	Drug Addictions
40. Amoebiasis (other than intestinal)	Influenza	Dental caries
41. Poliomyelitis	Sexually transmitted diseases	Venereal diseases
42. Dog bite	Whooping cough	Influenza
43. Helminthiasis	Rabies	Liver cirrhosis
44. Birth injuries and asphyxia	Acute rheumatic fever	Alcoholism
45. Appendicitis	Viral Encephalitis	Hypertension

THRID PHP	SECOND PHP	FIRST PHP
46. Alcoholism	Abortions	Measles
47. Bronchitis	Diphtheria	Skin disorders
48. Complications related to pregnancy	Nephritis	Ischaemic heart diseases
49. Glaucoma	Diseases of oral cavity	Peptic ulcer
50. Psychiatric disorders	Plague	Schizophrenia
51. Peptic ulcer	Measles	Non infectious eye diseases
52. Other disorders of female genital tract	Poliomyelitis	
53. Acute respiratory tract infections	Diseases of thyroid gland	
54. Other oral and dental diseases	Chicken pox	
55. Haemorrhoids	All Benign Neoplasms	
56. Filariasis	Filariasis	
57. Chicken pox		
58. Utero vaginal prolapse		
59. Japanese Encephalitis		
60. BPH		

TABLE I. MANPOWER REQUIREMENT BY PROGRAMME FOR PHP III
(1986-87 - 1989-90)

SR. NO.	PROGRAMME	PROPOSED EXPANSION FOR PHP III				TOTAL
		1986-87	1987-88	1988-89	1989-90	
1.	CHC	1250	1250	1357	1250	5107
2.	DC	249	240	239	254	982
3.	EH	61	53	39	35	188
4.	HC	568	538	554	375	2035
5.	Support					
	1. HE	31	10	-	-	41
	2. Lab.	141	178	208	282	809
	3. SL, M & R	77	67	73	17	234
	4. HMD	112	81	72	47	312
	TOTAL	2489	2417	2542	2260	9708

TABLE II. TOTAL GOVERNMENT INPUTS BY PROGRAMME FOR PHP III
(1986-87 - 1989-90)

Kyats in millions

SR. NO.	PROGRAMME	PHP III/FIFTH FOUR YEAR PLAN PERIOD				TOTAL
		1986-87	1987-88	1988-89	1989-90	
1.	CHC	5.7	5.7	5.7	6.1	23.2
2.	DC	8.2	9.4	8.9	10.1	36.6
3.	EH	1.7	0.8	0.9	0.9	4.3
4.	HC	8.2	8.1	9.3	6.6	32.2
5.	Support					
	1. HE	4.4	1.2	1.2	1.2	8.0
	2. Lab.	6.0	5.6	10.8	6.0	28.4
	3. SL, M & R	1.9	1.7	1.7	1.3	6.6
	4. HMD	7.5	0.3	9.2	0.1	8.1
	TOTAL	43.6	32.8	38.7	32.3	147.4

TABLE III. TOTAL COMMUNITY INPUT BY PROGRAMME FOR PHP III
(1986-87 - 1989-90)

Kyats in million

SR. NO.	PROGRAMME	PHP III/FIFTH FOUR YEAR PLAN PERIOD				TOTAL
		1986-87	1987-88	1988-89	1989-90	
1.	CHC	137.0	137.0	137.0	137.0	548.0
2.	DC	-	-	-	-	-
3.	EH	36.7	46.0	55.3	61.8	199.8
4.	HC	6.0	6.0	7.0	5.0	24.0
5.	Support					
	1. HE	1.5	0.4	0.4	0.3	2.6
	2. Lab.	0.1	0.1	0.2	0.2	0.6
	3. SL, M & R	-	-	-	-	-
	4. HMD	-	-	-	-	-
	TOTAL	181.3	189.5	199.9	204.3	775.0

TABLE IV. TOTAL EXTERNAL INPUT BY PROGRAMME FOR PHP III
(1986-87 - 1989-90)

Kyats in million

SR. NO.	PROGRAMME	PHP III/FIFTH FOUR YEAR PLAN PERIOD				TOTAL
		1986-87	1987-88	1988-89	1989-90	
1.	CHC	70.5	69.5	66.0	58.0	264.0
2.	DC	54.1	51.4	47.5	46.3	199.3
3.	EH	12.3	15.2	18.2	19.3	65.0
4.	HC	1.9	.9	1.6	1.1	5.5
5.	Support					
	1. HE	11.8	11.7	8.4	8.4	40.3
	2. Lab.	1.0	1.6	1.6	2.0	6.2
	3. SL, M & R	0.4	0.4	0.4	0.4	1.6
	4. HMD	4.6	3.8	3.4	2.5	14.3
	TOTAL	156.6	154.5	147.1	138.0	596.2

TABLE V. TOTAL BUDGETARY REQUIREMENT FOR PHP III
(1987-1990)

Kyats in million

SR. NO.		PHP III/FIFTH FOUR YEAR PLAN PERIOD				TOTAL
		1986-87	1987-88	1988-89	1989-90	
1.	GOVERNMENT	43.6	32.8	38.7	32.3	147.4
2.	COMMUNITY	181.3	189.5	199.9	204.3	775.0
3.	EXTERNAL	156.6	154.5	147.1	138.0	596.2
	TOTAL	381.5	376.8	385.7	374.6	1518.6

MINISTRY OF HEALTH

DEPARTMENT OF MEDICAL EDUCATION

GENERAL INFORMATION BOOKLET

RANGOON,
BURMA, 1985.

CONTENTS

1. Aims of Medical Education

Aims of Medical Education

The aim of undergraduate medical education in Burma is to produce a primary doctor viz. a doctor of a basic undifferentiated type :

(a) who has acquired such reasonable degree of knowledge and skill of medical sciences that he may safely be entrusted with the care of patients and the health of the community, especially in dealing with common diseases and community health problems prevalent in Burma;

(b) who is capable of self-education and of being further trained, if required, in any special field of medicine;

(c) who, having a socialistic outlook, is oriented towards the preventive and social aspects of medicine;

(d) whose professional attitudes and ethics are consonant with those of the community which he will be called upon to serve.

The aim of postgraduate medical education is;

(a) to provide continuing medical education of an advanced level

(b) to produce personnel with specialized knowledge and skill of an advanced level for the health services and for teaching and research in the medical sciences and

(c) to encourage continuing self-education, to foster a spirit of enquiry and research into medical problems and to provide the means and the intellectual environment wherein such enquiry and research may be better undertaken.

2. Historical Background

Historical background

(a) Medical Education in Burma

Medical education in Burma started in 1923-24, when the Rangoon Medical College was opened and the Licentiated Medical Practitioners (L.M.P.) were produced. In 1924-25 the Medical College was affiliated to the University of Calcutta and started to offer the M.B.,B.S. degree. In 1946 at the end of the Second World World War, when the Rangoon University was re-organized, the Medical College became one of the faculties under its aegis. In 1954, the Mandalay Medical College started as a sub-faculty of the Rangoon University and later became a faculty in 1958. In 1962, another Faculty of Medicine was opened in Mingaladon.

(b) Medical Education and the New System of Higher Education

With the advent of the Revolutionary Government in 1962, the Ministry of Health formulated a policy for an enlarged and extended health care programme for the people. In 1964, according to the policies for the new system of higher education laid down by the Revolutionary Council, the three Faculties of Medicine mentioned above, were raised to the level of Institutes and became the three Institutes of Medicine. Also, an Institute of Dental Medicine was opened. In 1964, the first postgraduate medical course, Diploma in Anaesthesiology, was opened in the Institute of Medicine (I) Rangoon, and in 1965, the Diploma of Pathology course also began.

(c) The Board of Post-graduate Medical Studies

Post-graduate medical education began in 1964 and by 1971, there were four M.Sc. level courses and nine diploma level courses, totalling thirteen post-graduate courses. These courses were in all the five Post-graduate Schools and the three Institutes of Medicine and in order to facilitate the systematic running of these courses, the Post-graduate Medical Board was established in 1971. All matters pertaining to post-graduate medical education were dealt with by this office.

By 1982 the M.Sc. level courses were increased to fourteen. Since the Post-graduate Schools were dissolved in 1984, the courses were in the three Institutes of Medicine.

(d) Transfer of the Institutes of Medicine from the Ministry of Education to the Ministry of Health.

Since the training of medical practitioners does not take place only in the Institutes of Medicine but also in the hospitals, the ideal would be to have teaching hospitals catering only to undergraduates and post-graduates. However, in actual practice, clinical medicine is taught in the hospitals under the Ministry of Health. Also the consultants from these hospitals serve as part-time teaching staff of the Institutes.

Thus, the Institutes of Medicine and the full-time staff of the Institutes were under the Ministry of Education while the part-time clinical staff were under the Ministry of Health. This sometimes led to difficulties in administration. To overcome these difficulties, the three Institutes of Medicine and the Institute of Dental Medicine were transferred from the Ministry of Education to the Ministry of Health in 1973.

(e) The Department of Medical Education

Although the Institutes of Medicine and the Institute of Dental Medicine had been formally transferred to the Ministry of Health, direct administration of the four Institutes by the ministry could prove difficult. Thus from first October, 1973, the Post-graduate Medical Studies Board was expanded to constitute the Directorate of Medical Education which later, became the Department of Medical Education.

(f) Developments in Medical Education in Burma

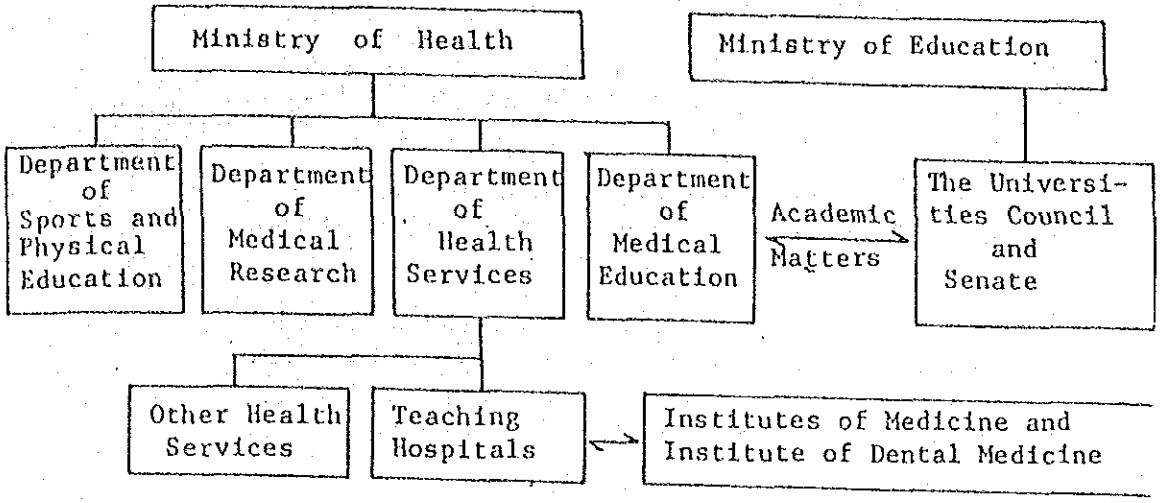
Medical education in Burma in its inception was based on the British system of medical education. Later, however, the aims of medical education changed, based on the political, economic, educational and social changes taking place in the country. The production of medical graduates become oriented towards primary health care physicians who would raise the

health status of the community. The Dental College which opened in 1964 was raised to the level of the Institute of Dental Medicine. Although no new Institutes of Medicine were opened since 1962, the present Institutes of Medicine increased their intake to produce sufficient doctors to improve the doctor population ratio.

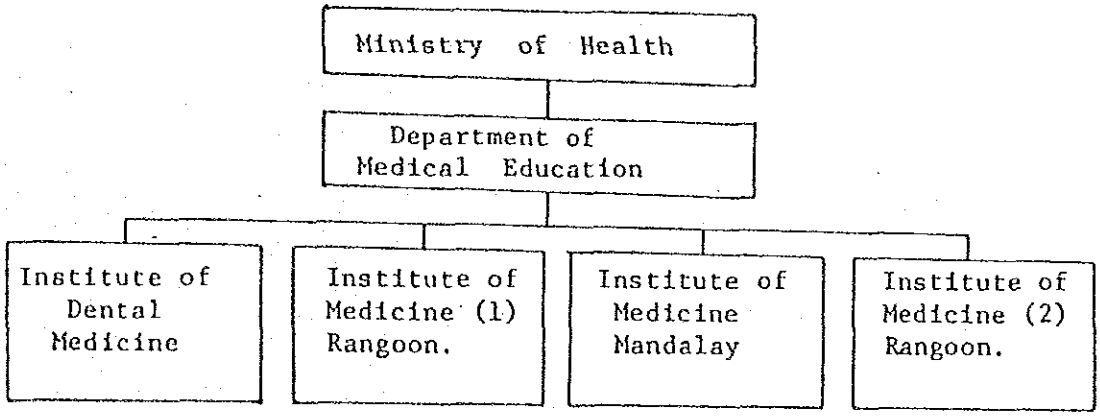
3. Organizational Set-up of the Department of Medical Education

Organizational set-up of the Department of Medical Education.

a) The Department of Medical Education and its linkages



b) Organogram of the Department of Medical Education



c) Set-up of the Department of Medical Education (Head Office)