

FIRST COLLOQUIUM ON LEADERSHIP DEVELOPMENT
FOR TCDC IN SUPPORT OF HEALTH FOR ALL

Brioni, Yugoslavia, 7-26 October 1984

(1st 1984: Brioni, Yugoslavia)
ICB-BD 01



INDEXED

BACKGROUND DOCUMENT

This is an unusual background document in that it does not seek to present any knowledge or to put forward any thesis. It is not a simulated, comprehensive "country case-study". It is not a comprehensive databook. It is not even a databook.

The information included here is incomplete, partial and has been selected for the sole purpose of stimulating the initiation of an active process of identification and discussion of the significant aspects of a health development process in any developing country. We have no doubt that those participating in the Colloquium will be able to offer other, better material than that presented here.

The information presented has been selected to try to bring out issues relating to the overall socio-economic context which conditions and often constrains any health development effort. Failure to give proper consideration to this aspect has resulted in many national health policies, plans and programmes being condemned to the fate of utopian dreams and remaining on paper in the desk drawers of the health technocrats.

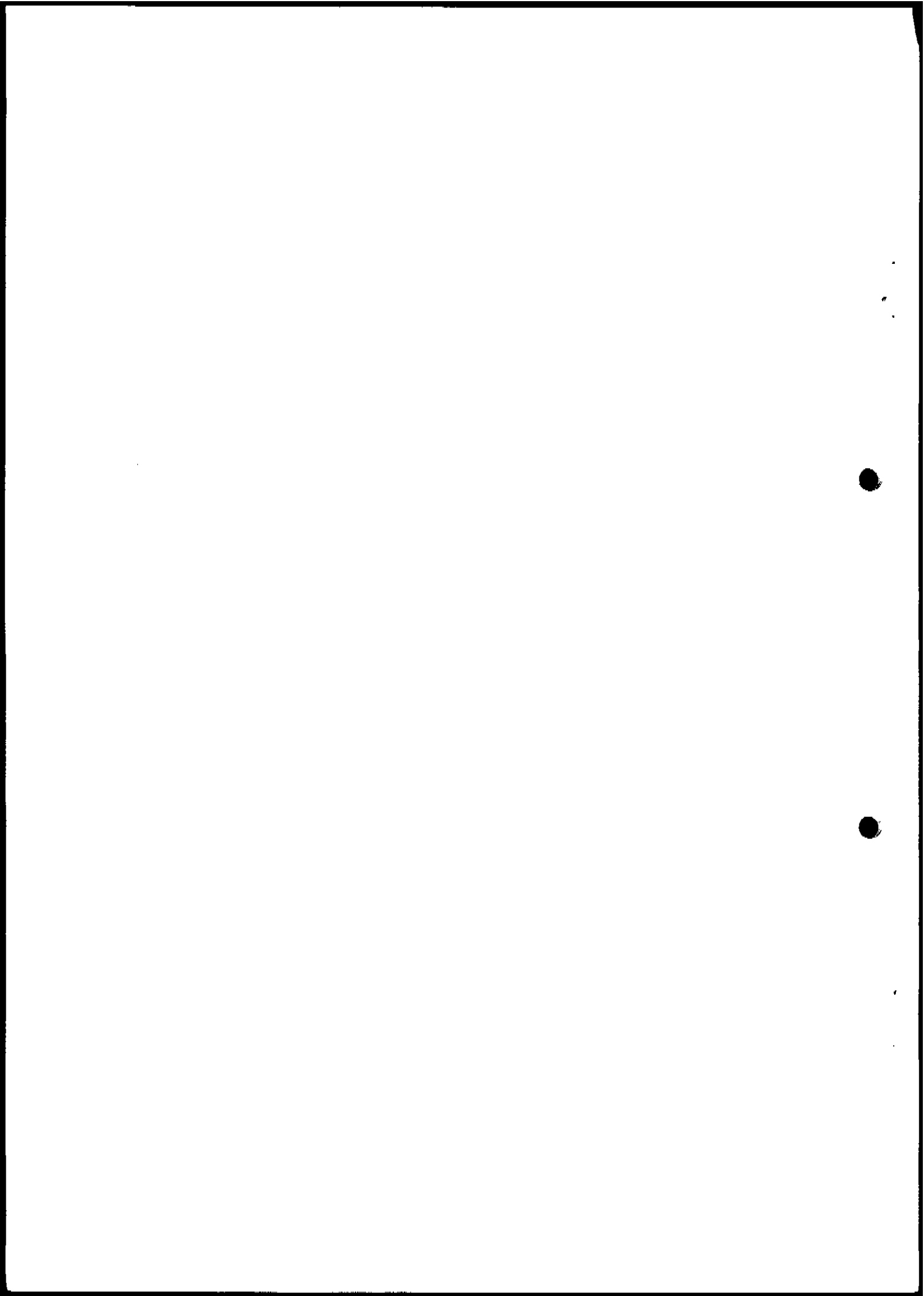
Other issues relate to the national political processes (in which national health systems are completely immersed) whose visible and often ineffectual formal decision-making chain so often serves to hide the invisible, informal but decisive elements of influence, pressure and power. Failure to look realistically at the omnipresent political process has condemned many a national health strategy to the list of good intentions, never to be implemented.

Finally, other issues relate to the internal structure of the health sector and its various and non-synchronised administrative and managerial processes. All too often, too many institutions are found overlapping and duplicating activities, uncoordinated and even in silent or open conflict with one another, burdening the health sector in such a way as to render it a fragmentary "non-system", in turn increasing its isolation from the other sectors and their institutions.

The information presented has been taken from a real country situation. Some changes have been purposely introduced however, wherever the need was felt to highlight a particular issue.

The objective of the present document, therefore, is simply to facilitate free, open and unrestricted discussion by participants at the Colloquium. Lastly we hope the content of this so-called "Background Document" will guide and stimulate participants in the collection of comparative material from their own countries.

*socioeconomic factors
- rel. health care
health policies
in countries*



I. OVERALL PROFILE

- Total area of 1,028,000 km².
- Estimated population (at 30 June 1984): 18,797,700. Urban: 58.2% and Rural: 41.8%. Last census 1980 (16,730,659).
- Developing country classified in terms of its GNP per capita as a "lower middle-income economy" (this group comprises more than 40 countries with a range of GNP per capita from US\$ 420 to US\$ 1,630 and an average of US\$ 850)*. GNP per capita (estimated for 1983) US\$ 970.
- A double chain of mountains divides the country into three "natural regions" with distinct geographic and climatic features: the Coast, a desert-like plain with narrow valleys along the rivers that come down from the mountains; The Highlands, with deep valleys enclosed by the mountains, thus presenting communication difficulties, and the Lowlands, with a narrow piedmont and a vast tropical humid jungle. This topography greatly limits trade and interdependence between these three natural regions. Transportation and communications between regions and within the Highlands and the Lowlands are extremely costly. Construction of roads or railroads outside the coastal area is a major engineering challenge. In the Highlands, and even more in the Lowlands, roads deteriorate rapidly and maintenance is expensive.
- Illiteracy is relatively high. A national average rate of 32.6%. This rate varies according to urban-rural and sex distributions (urban male 12.7%, urban female 22.2%; rural male 41.6% rural female 67.5%) and political-administrative circumscriptions (Capital 8.1% and one province in the Mid-South Region 81.2%).
- The country is politically and administratively organized as a representative democracy, with many political parties ranging from the extreme left to the extreme right, most of which represented through free elections at national and local levels. Mass media (press, TV, etc.) is free of any restriction and mostly privately owned. There is total respect for individual human rights.

* For reference: GNPs per capita for India is US\$260 for Tanzania US\$280, for Thailand US\$770, for Cuba US\$1,000 and for Yugoslavia US\$2,770.

- For political and administrative needs the country is divided into 6 geoeconomic regions and 19 administrative provinces. Most of the sectors (including health) adhere to this division.
- The country has a mixed economy exporting mainly minerals and agricultural products (84%) with some industrialized products (14%) (textiles, clothing and light manufacturing) and very little machinery and equipment (2%). On the other hand, imports mainly heavy and light industry products (73%) and food (20%) (in spite of the fact that 43% of its labour force is engaged in agriculture). Produces enough oil for internal consumption.
- The country maintains trade relations with countries of the "first" and the "second" world as well as with other developing countries but depends heavily on imports from the "industrial market economies".
- Historically and for the last century, economic growth and development have followed a pattern of periods of boom based on the concentrated exploitation of one or two primary products, followed by periods of stagnation and decline when the product was exhausted or its world demand collapsed. This fact has concentrated modern economic activity in a very few growth poles in the Coast and particularly in the Capital City (4 million population), while the rest of the country has lagged behind.
- In the last three years (1981-1983) the world recession and the economic crisis in the industrial market economies have hit the economy of the country: high inflation; tremendous increase of the external debt (both public and private); unemployment and under-employment; decline in the real value of salaries; reduction of the productive capacity of the incipient industry, etc. This has had a significant impact in the social services' expenditures, especially in the health sector.

II. THE POPULATION

- Annual growth rate estimated at 2.9%. Projections for the year 2000 (high: 32 942 700; medium: 29 506 300 and low: 27 527 000) (see Table 1).
- Estimates for 1984 by geoeconomic regions and provinces; age groups; sex and urban-rural distribution are presented in Tables 2 and 3.

- International Migration: It is virtually insignificant in terms of the total population. However certain professionals (physicians) have emigrated to industrialized countries (average annual loss of 14% of medical graduates for the last ten years, 22% for the last two years).
- Internal Migration: The country has been going through a process of massive internal migration and spatial redistribution of its population. For the last twenty years the urban population has been accelerating rapidly in three main directions: movement from the Highlands to the Coastal areas; increased concentration in larger cities and overwhelming in the Capital City. The Coast's share of the total population rose from 28% in 1940 to 46% in 1960 and in 1980 more than 70% of the total population of the country were residents of the Coast. The migration process is also highly selective. Within the departing community the average migrant tends to be a young, dynamic risk-taking individual with an above-average education and not of the poorest income groups.
- Economically Active Population (EAP): Only 28.5% of the total population are economically active. There are wide differences in relation to sex and urban-rural distribution. Total male 79.3% (urban 75.1% and rural 86.2%). Total female 20.7% (urban 24.9% and rural 13.8%). The educational profile of the EAP (years of schooling completed) also shows wide differences. The same situation applies to occupational categories and sex, and main sectors of economic activity (see Tables 4, 5 and 6). The percentage of working-age population (potential labour force) is estimated for 1984 at 54%. In 1960 it was 52%.

III. THE ECONOMY

- Distribution of the GNP
 - The wide range of the distribution of the GNP per capita by socioeconomic groups indicates a difference of 91 times between the top 5% (the high class) and the lowest 20% (lower-lower class) (see Table 7). The same occurs in relation to the distribution of the GNP by Provinces, where the difference between the Capital City province and one province in the Mid-South Region is 6 times (see Table 8). Table 9 shows the changes in the distribution of the GNP by main sectors of production.

- The degree of dependency on the export of some primary products (minerals and metals) is shown in the evolution from 1960 to 1980. A similar situation occurs with the import of food (see Tables 10 and 11).

- The destination of exports shows a trend (from 1960 to 1980) of opening new markets, particularly in developing countries (see Table 10).

- Agriculture and rural development

1. Farmland is scarce. Only 18.32% of the total territory is used for farming, animal husbandry, forest and woodland. Cropland represents only 2.87% of the country's total area. The agricultural frontier could be expanded by about 200,000 hectares in the Coast and by about 180 000 hectares in the piedmont area of the Lowlands. However, together they would increase the available cropland by only about 7.6%. More land could technically be put into production in the Coast, but the extremely high cost of irrigation infrastructure makes its development uneconomic in the foreseeable future. There is little room for expansion of the farm area in the Highlands. Most of the land in the vast area of the Lowlands is not suitable for cultivation, the rest will remain inaccessible for a long time.

2. Quality of land and climate varies widely. The Coast contains only 21.84% of the total cropland, but it is the best. Conversely, the Highland provides 61.78% of the cropland but production is low for the most part because of the broken topography, the erratic climate (within and between years), the long fallow periods required because of declining fertility and the high altitudes. The cropland in the Coast is 2.8 times more productive than that of the Highlands and 2.1 times more than that of the Lowlands (see Tables 12 and 13).

3. Most of the land in the country was, until 1970, held by a few big foreign enterprises in the Coast and many very large farms in the Highlands managed on a semi-feudal basis. At the same time in the Highlands, there existed uneconomically small plots and a significant number of landless wage-workers who were employed only seasonally. In some valleys of the Highlands community farms remained from the pre-colonial period with a primitive but effective system of cooperative production.

These communities were able to survive more than 300 years of foreign colonial domination and more than 150 years of centralized governments after independence.

4. In 1970, the government approved a new "Land Reform Law" that has dramatically changed the country's landownership patterns. A new agrarian structure was to be based on cooperative production units which would stimulate the growth of agricultural output, raise rural income and promote socioeconomic development. The government set up a complex reorganization of the agricultural sector. The country was divided into "Agrarian Zones" to which many of the functions of planning and executing the land reform and servicing the farmers were to be decentralized. In turn, each zone was to be divided into "Integral Rural Settlement Projects". "Agrarian Production Cooperatives" were to be formed for the management of the projects.

5. After ten years of agrarian reform some objective effects may be seen. Probably the most important impact of the land reform is political. The reform dramatically changed the balance of political power at national, regional and local levels. New structures of political power are trying to emerge in the rural areas. Contrary to expectations, employment opportunities have not expanded and the poorest half of the population has benefitted little or nothing. In fact, income differentials within the rural population have probably increased.

The agrarian reform has not resulted in a sharp contraction of output in the short run (as in other similar countries where agrarian reform took place before) but the prospects that the new agrarian structure will result in a more efficient use of resources and a rapid growth of output, are not good. The agricultural sector is heavily decapitalized and investment has not yet resumed. Agrarian Production Cooperatives are suffering serious management and operational problems that are threatening their economic viability and survival. Credit has been reduced to the State-owned Agricultural Bank while practically all the private and public-private commercial banks have pulled out of the sector. In this way, the formal financial system covers only 5% of the farms. The rest (mainly small cooperatives and farms) have to rely on informal sources of credit at very high interest rates or obtain no credit at all.

- Mining

1. It is accepted that minerals are the country's largest natural resource with which to foster development. Mining provides considerable benefits to the economy: foreign exchange and savings to finance the development of other sectors. However, investment and output growth have been discontinuous with short spurts of high investment and rapid output expansion, followed by long periods of stagnation. Mining has remained essentially an enclave activity having few links with the rest of the economy, except the already-mentioned generation of foreign exchange and savings (see Table 14).

2. A large share of the mining industry has been State-owned since the early 1960s. Because only 30% of the country has been geologically explored there are strong indications that its potential mining reserves will continue making it basically a "mining country" (see Table 15).

- Energy

1. Until 1960 the country was a net exporter of energy; since then and up to the mid 1970s, net imports have been growing. In the period 1972-76 new sources of oil were found mainly in the Lowlands. However, the trend of energy consumption will make this sector a critical one in the near future. Petroleum is the country's main energy source (91.27%) and in the fifties was a major foreign exchange earner. Over half of the Lowlands area is still unexplored and geological studies continue to suggest the possibility of oil formation

2. Hydro-electricity is the second major potential source of energy especially in the Highlands areas where many rivers and gradients constitute essential elements for hydro-electrical development projects. The limiting factor, however, is the high cost for which no financial investments are in sight (Table 16).

- Tax system

1. The country has a "regressive" tax system. Taxes on goods and services, including general sales taxes (which are paid by all the population regardless of their economic status) represent 52.2% of the total government tax revenues (see Table 17). The highest percentage of net income taxed is 48.3% (see Table 18). 85.3% of the total number of tax payers are in the income bracket of US\$ 501 to US\$ 2,500 a year.

2. The structure of the tax system is important in relation to the financing of the "health care" aspects of the Social Security Institute, especially when making an analysis of who really pays and who benefits.

3. The most serious problems of the tax system (from a revenue-generating point of view) are: low elasticity to changes in income; heavy dependence on foreign trade; weak tax administration; generous exemptions and deductions; and, considerable evasion.

IV. SOME SOCIAL ASPECTS

EDUCATION

- Illiteracy is still a problem. In 1982 it was estimated that 32.6% of the population aged 5 years and above was illiterate. Wide variations exist according to sex and urban-rural distribution (see Table 19). The range, including geographical distribution goes from a minimum of 8.1% for urban males in the province where the capital city is located to a maximum of 81.2% for rural females in the Twelfth Province of the Mid-South.

- The educational profile of the male and female population aged over 5 years is shown in Table 20. Of that population 30.5% received no formal education. When the population over 15 years of age is considered, the national average level of education is 4th grade approved.

EMPLOYMENT

- Unemployment and under-employment have increased in the last years. The country's economy makes under-employment a more significant indicator than unemployment (see Table 21). At the same time, the real value of salaries has been one of decline relatively affecting more the "white collar" workers (see Table 22), who, in 1982, were receiving less than one half of what they received in 1974.

HOUSING

- The country is a highly centralized one. Everything tends to be concentrated in the capital city. In a period of 40 years (from 1940 to 1980) the population of the capital city has increased ten times. A survey made in 1982 shows the distribution of population according to housing conditions (see Table 23). Less than one fifth live in what may be called houses in normal urban conditions. In 1940 there were no "slums"; by 1954 there were registered 56 slums and in the 1982 survey 598 were registered.

- Only 35.2% of the population of the country has access to water (pipe or well) and only 34.9% to electric light (see Table 24). Once again the range between urban and rural is considerable.

SOCIAL SERVICES EXPENDITURES

- In 1982 expenditure on education, health, housing and social welfare represented only 5.9% of the GNP. The respective percentages and the per capita expenditures in US dollars are presented in Table 25. However, even somewhat underestimated, the figure for defence was 22.1% (twenty-two times the expenditures for health).

INFORMAL ECONOMY

- The bureaucratic difficulties and red-tape, the complex and confused juridical system and other factors have contributed to the development of a parallel economy and social organization, outside the laws, the social accounting system and governmental control. Some studies have estimated that close to 60% of the economic process in the capital city is under the so-called "informal economy". Slums, popular urbanization and the partition of old, deteriorated houses have developed outside governmental regulation and control.

V. THE POLITICAL PROCESS

- The country is politically and administratively organized as a unitarian republic with three independent branches of government. The Executive Branch is headed by the President of the Republic, popularly elected by secret ballot for a period of 5 years, together with a Vice-President. The President appoints a Prime Minister who has the constitutional responsibility of forming a Cabinet of 14 to 16 members. The Legislative Branch is composed of a bicameral Parliament: 60 members of the Senate and 180 members of the House of Representatives, all elected by popular secret ballot and for a period of 5 years. The Senate is elected on the basis of a national electoral roll and proportional representation. The House of Representatives is elected by provinces on a proportional basis. The Cabinet has to have the "confidence" of the Parliament and the House of Representatives may request the resignation of ministers or the total Cabinet by a two-thirds vote of "no confidence". The Judicial Branch is headed by a Supreme Court and has provincial courts and judges.

- There are nine political parties represented in Parliament (see Table 26). Their ideological orientation ranges from right to left. The current

Government is a coalition of center right and right. However (see Table 27) the last local elections show a clear trend of change to the center left and left. Next general elections for President and Parliament will be in 1985.

- Trade Unions play an important role in the political process. However, they are divided into three big, nation-wide organizations linked in one way or another to the political lines of the political parties and a group of many small trade unions independent from the three big organizations (see Table 28).

- As a counter-balance to the Trade Unions, employers and business enterprises have formed their own organizations, grouping themselves largely along the lines of the main economic activities. The most powerful and influential are the National Industrial Society; the Confederation of Trade Enterprises; the Confederation of Small Businessmen and the National Business Association which comprises the main banks and financial institutions. Leaders of these organizations are in some cases leaders in the centre right and right-wing political parties.

- Journals and Newspapers as well as the TV channels are all private. The Government issues two newspapers: one as the official vehicle for information on laws, regulations and other administrative acts; the other as a means for expressing the Government's point of view on political and other issues. Out of 26 national, regional and provincial newspapers, three are the "commercial" ones with wide national distribution, controlling over 90% of advertisement and therefore with great political influence. Two of them are independent from political parties and the third one is inclined to support the right.

- In the health sector there are professional official associations, regulated by law and exercising control over professional practice. Membership of these associations is compulsory by law. They are therefore very influential in the policy-making process within the health sector (see Table 29). At the same time health personnel belong to the professional and non-professional trade unions (see Table 30).

VI. THE HEALTH SITUATION

- Life expectancy at birth has increased in the last 15 years. Estimates according to sex are in Table 31.

- The mortality rate was 12.9 per 1,000 population in 1980. Infant mortality was 115 per 1,000 live births with a range from 66.5 in the capital city to 206.3 in the Twelfth Province of the Mid-South. Within the provinces, the same kind of differences can be expected. Mortality of children in the 1-4 years is 16.3 per 1,000 population of that age group on a national average.
- 19.55% of the mortality for all the population is due to acute respiratory diseases; 10.30% due to gastro-enteric acute diseases; 8.78% due to all forms of tuberculosis; and adding all infections and parasitic diseases together they represent 26.32% of all deaths.
- In terms of morbidity the profiles of outpatients by causes and hospital patients by causes, for 1982, are presented in Tables 32 and 33. In relation to communicable diseases Table 34 shows the morbidity structure of these diseases according to the main forms of control.
- The nutritional status of pre-school children is shown in Table 35 on the basis of a survey carried out in 1982. Significant differences between regions, provinces and urban and rural areas confirm that national averages are misleading indicators which obscure the true picture of the health situation in developing countries.
- The morbidity structure, measured through the use of outpatient clinics and hospital beds, is shown in Tables 36 and 37.

VII. HEALTH RESOURCES

THE HEALTH SECTOR INSTITUTIONAL SYSTEM

- There are too many health institutions in the country. Some belong to the Central Government, others are independent in their administration whilst remaining a part of the public sector, and many may be considered as private sector. Those belonging to the Central Government come under several different Ministries. Finally, there are the regional health institutions which are accountable to the Regional Development Corporation as well as local health institutions which are accountable to the local municipal governments. However, out of this great number of institutions the most significant are the Ministry of Health, the National Social Security Institute (with functions other than purely the health care of its affiliates); the National Fund for Health Infrastructure; the Medical Services

of the Armed Forces; and, in terms of formation of health manpower, the universities which are autonomous and do not report to any Ministry or governmental body (see Chapter VIII).

- Certain formal mechanisms have been established for institutional coordination (intra-sectoral as well as inter-sectoral) such as the National Health Council (chiefly intra-sectoral) and the Inter-Sectoral Health Coordinating Committee (chiefly inter-ministerial); however, they are heavy bodies to manage. Under the Ministry of Planning there is a Health Committee which forms part of a Social Inter-sectoral Council.

- Tables 38 and 39 give an overall picture of the financial power (theoretical and real coverage, and per capita expenditures) of the main health institutions.

- The sources of financing and the structure of expenditures of the main health institutions are presented in Table 40.

COVERAGE OF HEALTH SERVICES

- More than one third of the population of the country has no access to permanent health services and the population with access in theory (gauged by physical accessibility) is overestimated if one considers the factors of economic and cultural accessibility. There are wide variations in coverage between regions and provinces (see Table 41). It is estimated that, within the province, similar variations exist between urban and rural areas.

PHYSICAL FACILITIES

- In June 1982 the country had more than 60,000 hospital beds. Of these, 32.73% belonged to the Ministry of Health; 36.95% belonged to the National Social Security Institute and 1.21% to the Medical Services of the Armed Forces. Close to 30% of the total beds of the country belongs to the private sector (private hospitals belonging to industrial enterprises, profit-making and non-profit-making institutions and religious organizations) (see Tables 42, 43 and 44).

- Health Centres, Medical Posts and Sanitary Posts (posts without physicians) belong only to the Ministry of Health and to private religious institutions. The Ministry of Health owns 100% of the Health Centres (centres that cover at least the four main specialities: medicine, minor surgery, paediatrics and gynaecology and obstetrics). In addition the Ministry of Health owns 96.68% of the Medical Posts and 94.84% of the Sanitary Posts (see Table 45).

HUMAN RESOURCES

- The country has an estimated total of 9,250 physicians (figures as of June 1983). This means a rate of 5.13 physicians per 10,000 population. The range from the capital city (15.13 per 10,000) to the Twelfth Province in the Mid-South (0.60 per 10,000) is therefore 25 times. In the capital city 65.3% of the total number of physicians in the country are to be found, together with 70.7% of the nurses and 52.5% of the auxiliary nursing personnel.

- It is extremely difficult to ascertain exactly how the health professionals are distributed throughout the public and private sectors, as well as within the institutions, because the great majority of them are under contract with two or three different institutions at the same time, spending several hours per week in each. In a survey conducted in 1983 in the capital city 61% of the population received medical care (outpatient consultations) through physicians in private practice, 20% through the Ministry of Health, 16% through the National Social Security Institute and 3% through the Medical Services of the Armed Forces. Of course this is not representative of the whole country and the services were provided by the same health professionals through different institutions. Taking these duplications into account, and measuring the human resources in terms of physician-hours contracted by institutions, the distribution would be the following: 29.9% in the private sector, 27.6% in the Ministry of Health, 25.1% in the National Social Security Institute, 10.7% in the Medical Services of the Armed Forces and 6.7% in other public institutions. Of the physician-hours contracted by institutions 72.9% are located in the capital city.

- There is an unbalanced "health manpower profile" in the sense that there are proportionally too many medical professionals in relation to other health professionals, auxiliaries and administrative personnel. A study carried out in 1983 indicated the need for increasing the number of non-medical professionals by 314%, the number of auxiliary personnel by 234% and the number of administrative personnel by 8% in view of the impossibility of reducing the number of medical professionals.

VIII. THE NATIONAL UNIVERSITY

Responsibility for the formation of health manpower rests within the universities which are autonomous, by definition in the National Constitution. They do not report to any Ministry or Public Sector body. According to the law, all universities in the country form a network under the umbrella of the so-called "National University". There is a "National Council of the National University" which coordinates, supervises and controls all aspects of the management and academic development of universities, both public (funded by the State) and private. Only the "National Council of the National University" may authorise the establishment of a new university or a new school or institute in an university. There are a total of 23 universities, 9 of which are public or State-funded and 14 private (but many of them receive financial support from the State). Eight universities have Schools of Medicine, 7 have Schools of Dentistry, and 16 have Schools of Nursing. Four universities have health-related technical schools. There is only one School of Public Health and it belongs to the Ministry of Health and therefore is not a part of the National University. Only the National University may confer recognized academic degrees, diplomas and certificates.



Table 1: PROJECTION OF THE TOTAL POPULATION, 1980-2000

<u>Year</u>	<u>Population</u>	<u>Highest alternative</u>	<u>Lowest alternative</u>
1980 (Census)	16 730 659		
1984 (Estimate)	18 797 700		
1985 (Projection)	19 399 200		
1990 (Projection)	22 417 500	23 347 600	21 877 100
1995 (Projection)	25 788 700		
2000 (Projection)	29 506 300	32 942 700	27 527 000

Table 2: POPULATION BY GEOECONOMIC REGIONS AND PROVINCES AND URBAN-RURAL DISTRIBUTION, 1984

		<u>Total</u>	<u>Urban</u>	<u>Rural</u>	<u>%</u> <u>Urban</u>
	<u>Country</u>	18 979 700	11 049 500	7 930 200	58.2
I.	North	3 559 100	1 698 200	1 860 900	47.7
	1. First Province	966 200	706 300	259 900	73.1
	2. Second Province	1 420 700	785 600	635 100	55.3
	3. Third Province	1 172 200	206 300	965 900	17.6
II.	Mid-North	2 989 200	1 450 900	1 538 300	48.5
	1. Fourth Province	1 075 500	502 300	573 200	46.7
	2. Fifth Province	822 900	302 800	520 100	36.8
	3. Sixth Province	1 090 800	645 800	445 000	59.2
III.	Central	4 521 700	4 268 000	253 700	94.4
	1. Seventh Province	433 000	428 700	4 300	99.0
	2. Eighth Province	4 088 700	3 839 300	249 400	93.9
IV.	Mid-South	2 829 500	1 422 900	1 406 600	50.3
	1. Ninth Province	707 700	506 000	201 700	71.5
	2. Tenth Province	1 029 900	618 000	410 900	60.1
	3. Eleventh Province	539 400	180 200	359 200	33.4
	4. Twelfth Province	552 500	117 700	434 800	21.3
V.	South	3 950 500	1 644 400	2 306 100	41.6
	1. Thirteenth Province	749 400	612 300	137 100	81.7
	2. Fourteenth Province	1 716 400	556 100	1 160 300	32.4
	3. Fifteenth Province	1 254 100	301 000	953 100	24.0
	4. Sixteenth Province	230 600	175 000	55 600	75.9
VI.	Orient	1 129 700	565 100	564 600	50.0
	1. Seventeenth Province	659 500	327 800	331 700	49.7
	2. Eighteenth Province	316 100	184 900	131 200	58.5
	3. Nineteenth Province	154 100	52 400	101 700	34.0

Table 3: POPULATION BY SEX, AGE GROUPS AND URBAN-RURAL, 1984 (in percentages)

<u>Age groups</u>	<u>Total</u>	<u>Males</u>	<u>Females</u>	<u>Urban</u>	<u>Rural</u>
0-4	16.3	16.2	16.4	15.1	17.9
5-14	27.6	28.1	27.3	26.7	29.0
15-44	41.4	41.3	41.5	44.2	37.2
45-64	10.7	10.6	10.8	10.3	11.3
65 over	3.9	3.8	4.0	3.7	4.6

Table 12: LAND USE BY MAIN NATURAL REGIONS, 1983

I. <u>In thousands of hectares</u>	<u>Coast</u>	<u>Highlands</u>	<u>Lowlands</u>	<u>Country</u>
Total land in farm	1,877.3	19,363.5	2,334.4	23,545.2
Cropland	806.2	2,280.5	604.7	3,691.4
(Irrigated)	(744.2)	(491.6)	(37.9)	(1,273.7)
(Rainfed)	(60.0)	(1,788.9)	(566.8)	(2,417.7)
Natural grassland	495.6	14,300.7	332.5	15,128.8
Forests and woodland	366.3	1,411.0	1,292.0	3,069.3
Other	179.2	1,371.3	105.2	1,655.7
II. <u>In percentages of the total land in farms</u>				
Total land in farm	7.85	82.24	9.91	100.00
Cropland	3.42	9.69	2.57	15.68
(Irrigated)	(3.16)	(2.09)	(0.16)	(5.41)
(Rainfed)	(0.25)	(7.60)	(2.41)	(10.27)
Natural grassland	2.10	60.74	1.41	64.25
Forests and woodland	1.56	5.99	5.49	13.04
Other	0.76	5.82	0.45	7.03

Table 13: CROPLAND EXTENSION AND PRODUCTION BY NATURAL REGIONS, 1980
(in percentages)

<u>Natural Regions</u>	<u>Cropland area</u>	<u>Production</u>	<u>Rural Population</u>
Coast	21.84	42.48	12.96
Highlands	61.78	42.45	70.43
Lowlands	16.38	15.07	16.61

Table 14: MINERAL PRODUCTION AND RESERVES, THE COUNTRY IN THE WORLD, 1980
(in percentages of World Production Capacity and World Reserves)

<u>Mineral</u>	<u>Share in World Production Capacity</u>	<u>Share in World Reserves</u>
Silver	12.46	10.00
Bismuth	11.78	8.47
Indium	11.49	8.16
Tellurium	10.81	6.89
Zinc	6.52	2.30
Lead	5.88	2.40
Copper	3.31	6.62
Tungsten	2.14	2.53
Cadmium	2.09	2.40
Gold	1.80	0.83

Table 15: MINERAL ESTIMATED EXISTING PROVEN RESERVES*, 1980 (in years from 1981 onwards)

<u>Mineral</u>	<u>Number of years (at 1980 production level)**</u>
Copper	121.1
Iron	82.3
Zinc	18.4
Silver	17.2
Lead	15.5

Table 16: PRODUCTION, CONSUMPTION AND NET EXPORTS/IMPORTS OF ENERGY BY TYPE OF FUEL, 1950-1980 (all fuels converted into a common unit: thousands of crude oil equivalent per day)

<u>Year and type of fuel</u>	<u>Production</u>	<u>Consumption</u>	<u>Net exports</u>	<u>Net imports</u>
1950: Crude oil	42.5	23.4		
Coal	2.6	1.9		
Gas	7.2	7.2		
Electricity	2.4	2.4		
Total	<u>54.7</u>	<u>34.9</u>	<u>19.8</u>	
1960: Crude oil	57.0	56.5		
Coal	2.1	2.1		
Gas	7.6	7.6		
Electricity	3.4	3.3		
Total	<u>70.1</u>	<u>69.5</u>	<u>0.6</u>	
1970: Crude oil	70.2	100.0		
Coal	1.4	3.7		
Gas	8.9	8.9		
Electricity	7.5	7.4		
Total	<u>88.0</u>	<u>120.0</u>		<u>32.0</u>
1980: Crude oil	186.2	183.2		
Coal	1.2	3.2		
Gas	9.1	12.4		
Electricity	7.5	7.4		
Total	<u>204.0</u>	<u>206.2</u>		<u>2.2</u>

* that could be mined economically at 1980 prices

** However, close to 70% of the country has not yet been geologically explored

Table 17: STRUCTURE OF CENTRAL GOVERNMENT TAX REVENUES, 1970-1980
(in percentages of total Tax Revenues)

<u>Type of Taxes</u>	<u>1970</u>	<u>1980</u>
Taxes on Income (Income Tax)	19.4 (15.1)	16.6 (10.9)
Taxes on Property	6.8	6.3
Taxes on Goods and Services (General Sales Tax)	44.3 (29.4)	52.2 (35.7)
Taxes on Foreign Trade (Taxes on Imports)	29.5 (28.6)	24.9 (17.9)

Table 18: DISTRIBUTION OF PERSONAL INCOME TAX, 1980 (in percentages)

<u>Income Group (in US\$)</u>	<u>Number of Taxpayers</u>	<u>Nominal Tax Rate (as % of net income)</u>	<u>Effective Tax Rate (as % of net income)</u>	<u>Calculated Tax distribution</u>
0-250	0.6	3.8	3.6	0.02
251-350	1.6	6.4	1.5	0.1
351-500	2.9	10.4	1.7	0.1
501-750	21.7	16.3	1.4	1.2
751-1000	19.2	20.7	2.3	2.5
1001-2500	44.4	31.7	7.4	31.3
2501-5000	7.8	37.7	20.1	33.3
5001-25000	1.7	49.1	33.2	28.4
25001 and over	0.03	55.0	48.3	3.3
Total	<u>100.00</u>	<u>100.00</u>	<u>100.00</u>	<u>100.00</u>

Table 19: ILLITERACY ACCORDING TO SEX AND URBAN-RURAL DISTRIBUTION, 1982
(in percentages of population over 5 years)

Urban:	Male	12.7
	Female	22.2
Rural:	Male	41.6
	Female	67.5

Table 20: EDUCATIONAL PROFILE ACCORDING TO LEVEL OF FORMAL EDUCATION AND
SEX DISTRIBUTION, 1982 (in percentages of population over 5 years)

	<u>Total</u>	<u>Males</u>	<u>Females</u>
No education	30.5	22.6	38.4
Primary	51.6	56.6	46.7
Secondary	14.9	17.1	12.7
Higher	3.0	3.7	2.2

Table 21: UNEMPLOYMENT AND UNDER-EMPLOYMENT, 1980 AND 1982 (in percentages of the total labour force)

	<u>1980</u>	<u>1982</u>
Full employment	41.8	39.2
Under-employment	51.2	52.1
Unemployment	7.0	8.7

Table 22: REAL VALUE OF SALARIES, 1974 TO 1982 ACCORDING TO TYPE OF WORKERS (base of 100.0 for 1974)

<u>Type of worker</u>	<u>1974</u>	<u>1976</u>	<u>1978</u>	<u>1980</u>	<u>1982</u>
Blue collar	100.0	85.2	78.3	72.3	65.4
White collar	100.0	86.5	74.6	55.8	46.2

Table 23: HOUSING CONDITIONS IN THE CAPITAL CITY, 1982 (in percentages of the total population living in the city)

Living in slums	37.5
Living in "popular urbanizations" (very elementary conditions)	23.6
Living in old deteriorated houses (subdivided for many families)	19.3
Living in houses and apartments with normal urban conditions	19.6

Table 24: ACCESS TO WATER AND ELECTRIC LIGHT ACCORDING TO URBAN-RURAL DISTRIBUTION, 1982 (in percentages of the total population)

	<u>Total</u>	<u>Urban</u>	<u>Rural</u>
Access to water (pipe or well)	35.2	55.5	5.8
Access to electric light	34.9	57.2	2.9

Table 25: SOCIAL SERVICES EXPENDITURES, 1982 (in percentages of the GNP and in US dollars per capita)

	<u>Percentage of GNP</u>	<u>US dollars per capita</u>
Education	4.1	\$ 39.77
Health	1.0	\$ 9.74
Housing	0.6	\$ 5.82
Social welfare	0.2	\$ 1.94

Table 26: POLITICAL PARTIES (ideological orientation and representation in Parliament, elected in 1980 for the period 1980-1985)

		<u>Parliamentary seats</u>	
		<u>In Senate</u>	<u>In House of Representatives</u>
- In Government			
Popular Party	center right	26	98
Democratic Party	right	6	10
- In Opposition			
People's Alliance	center left	18	58
United Front	left	7	7
- Other Parties (5)	from center left to center right and regional	3	7
Total seats		60	180

Table 27: ELECTION TRENDS: GENERAL ELECTIONS AND FOR LOCAL GOVERNMENTS, 1975-1983

	<u>General (1975)</u>	<u>Local Gov'ment (1978)</u>	<u>General (1980)</u>	<u>Local Gov'ment (1983)</u>
Popular Party (center right)	18.18	36.66	46.77	17.21
Democratic Party (right)	7.33	11.22	9.86	14.40
People's Alliance (center left)	37.90	23.20	28.25	34.67
United Front (left)	31.58	23.75	10.26	29.52
Other 5 parties	5.01	5.17	4.86	4.21

Table 28: TRADE UNIONS (Main Organizations, political links and estimated number of members)

<u>Trade Unions</u>	<u>Constituency</u>	<u>Political links with political parties</u>	<u>Estimated membership</u>
1. General Confederation of Workers (G.C.W.)	Agricultural (highlands), school teachers, bank employees, transport drivers, etc.	United Front (left)	+ 1,460,000
2. National Federation of Workers (N.F.W.)*	Agricultural (coast), mining workers, trade and commerce, textile industry, etc.	People's Alliance (center left)	+ 1,320,000
3. National Congress of Trade Unions (N.C.T.U.)	Public sector employees, fishery, etc.	Popular Party (center right) and People's Alliance (center left)	+ 700,000
4. Independent non federated Trade Unions	Small trade Unions		+ 600,000

Table 29: PROFESSIONAL ORGANIZATIONS RELATED TO THE HEALTH SECTOR

1. Medical Association	Physicians	For the last 14 years, physicians with affiliation to or sympathy for the People's Alliance Party have been elected, both nationally and regionally.
2. Dentist Association	Dentists	For the last 6 years, dentists with affiliation to or sympathy for the People's Alliance Party have been elected, both nationally and regionally.
3. Nurses Association	Nurses	For the last 16 years, nurses with affiliation to or sympathy for the People's Alliance Party have been elected nationally. The majority of politically independent nurses have been elected regionally.
4. Sanitary Engineers Association	Engineers working in environmental activities	For the last 4 years, politically independent engineers have been elected (there is only a national organization).

* Only the N.F.W. has representatives in Parliament through the People's Alliance Party (2 senators and 5 congressmen).

Table 30: PROFESSIONAL AND NON-PROFESSIONAL TRADE UNIONS RELATED TO THE HEALTH SECTOR

A. Professional Trade Unions (membership not compulsory)		
1. Federation of physicians	Physicians	Over 95% of the physicians are members. For the last 14 years, physicians with affiliation to or sympathy for the People's Alliance Party have been elected, both nationally and regionally.
2. Federation of Health Professionals	Physicians, dentists, nurses, and other professionals	95% of physicians, 80% of dentists, 95% of nurses are members. For the last 16 years professionals with affiliation to or sympathy for the People's Alliance Party have been elected nationally. A majority of politically independent professionals have been elected regionally. Affiliated to the National Federation of Workers (N.F.G.).
B. Non-professional organizations related to the health sector		
1. Federation of Workers of the Health Sector	All non-professionals working in the health sector	98% of workers are members. For the last 6 years, workers with affiliation to or sympathy for the Popular Party have been elected both nationally and regionally. For the previous 10 years, the United Front Party had influence on the leadership elected.

Table 31: LIFE EXPECTANCY AT BIRTH, BY SEX, 1960 TO 1980

<u>Year</u>	<u>Both sexes</u>	<u>Males</u>	<u>Females</u>
1965	49.38	48.27	50.54
1970	51.95	50.75	53.21
1975	54.55	53.25	55.91
1980	56.53	55.15	57.98

Table 32: OUTPATIENTS PROFILE BY CAUSES, 1982 (in percentages of total number of patients consulting outpatient clinics)

Diseases of the respiratory system	15.57
Diseases of the oral cavity (dental)	14.38
Infectious and parasitic diseases	11.69
Health control examinations	10.44
Symptoms, signs and ill-defined conditions	7.94
Injuries and poisoning	7.88
Pregnancy control and complications of pregnancy	3.97
Diseases of the circulatory system	2.08
Diseases of the early infancy	1.26
Tumors	0.89

Table 33: HOSPITAL PATIENTS PROFILE BY CAUSES, 1982 (in percentages of total number of patients hospitalized)

Normal delivery (including minor complications)	18.64
Infectious and parasitic diseases	12.37
Injury and poisoning	10.54
Complications of pregnancy, childbirth and the puerperium	9.20
Diseases of the respiratory system	6.79
Tumors	3.51
Diseases of the circulatory system	2.95
Symptoms, signs and ill-defined conditions	2.70
Mental disorders	1.34
Diseases of the early infancy	0.91

Table 34: MORBIDITY STRUCTURE OF COMMUNICABLE DISEASES ACCORDING TO REPORTED CASES IN THE AREA OF SPECIAL REGISTRATION, 1980 (in percentages of total reported cases)

A. Diseases to be controlled by immunization	8.83
Diphtheria	0.039
Poliomyelitis	0.071
Measles	1.748
Whooping cough	6.973
B. Diseases to be controlled by improved environment	33.63
Typhoid, paratyphoid and other salmonellosis	5.913
Dysentery (bacilli and ameba)	5.460
Other forms of dysentery	10.745
Infectious hepatitis	2.099
Helminthiasis	9.411
C. Tuberculosis	11.42
D. Acute respiratory infections	29.48
E. Other infectious and parasitic diseases	16.64
Malaria	2.188

Table 35: NUTRITION STATUS OF PRE-SCHOOL CHILDREN - SURVEY MADE IN 1982
(in percentages of children surveyed)

Region	Province	Total number surveyed	Weight degrees (According to Gómez classification)			
			Normal	1st degree	2nd degree	3rd degree
Central	Eighth Province: Residential area of capital city	8.405	94.8	3.5	1.7	0.0
	Eighth Province: Peri-urban poor areas	2.268	60.5	31.5	8.0	0.0
South	Fifteenth Province: Residential area of city	2.667	81.1	14.2	3.7	1.0
	Fifteenth Province: Rural areas	16.401	19.6	47.5	27.2	5.7
Orient	Eighteenth Province: Residential area of city	2.961	80.1	13.2	5.7	1.0
	Eighteenth Province: Rural areas	1.435	18.0	50.7	24.5	6.8

Table 36: UTILIZATION OF OUTPATIENT CLINICS BY CAUSES, 1982 (in percentages
of total consultations provided in outpatient clinics)

Diseases of the respiratory system	14.34
Infectious and parasitic diseases	13.51
Diseases of the oral cavity (dental)	8.83
Injury and poisoning	7.73
Symptoms, signs and ill-defined conditions	7.67
Health control examinations	6.65
Pregnancy control and pregnancy complications	5.81
Diseases of the circulatory system	3.93
Tumors	1.39
Diseases of the early infancy	1.29

Table 37: UTILIZATION OF HOSPITAL BEDS BY CAUSES, 1982 (in percentages of
the total hospitals' bed-days utilized)

Infectious and parasitic diseases	38.27
Injury and poisoning	7.07
Mental disorders	5.82
Normal delivery	4.77
Tumors	4.04
Diseases of the circulatory system	3.74
Diseases of the respiratory system	3.07
Complications of pregnancy, childbirth and the puerperium	2.88
Symptoms, signs and ill-defined conditions	1.57
Diseases of the early infancy	0.83

Table 38: FINANCIAL POWER AND THEORETICAL AND REAL COVERAGE OF THE MOST IMPORTANT HEALTH INSTITUTIONS, 1982 (in US dollars and in percentages of the total population)

<u>Institution</u>	Budget (in US\$ thousands)	Coverage	
		theoretical	real
Ministry of Health (MOH)	58 677.6	100.0%	65%
National Social Security Institute (NSSI) (for health care activities)	65 228.3	14.0%	3%
Medical Services of the Armed Forces	15 908.6	4.0%	4%
National Fund for Health Infrastructure (NFHI) (capital investments)	2 296.1*	-	-

Table 39: PER CAPITA EXPENDITURES FOR TOTAL POPULATION TO BE COVERED AND POPULATION EFFECTIVELY COVERED BY THE MOST IMPORTANT HEALTH INSTITUTIONS, 1982 (in US dollars)

<u>Institution</u>	Per capita for total population to be covered (in US dollars)	Per capita for population effectively covered (in US dollars)
Ministry of Health (MOH)	3.26	5.02
National Social Security Institute (NSSI)	36.24	120.79
Medical Services of the Armed Forces	22.10	22.10

Table 40: SOURCES OF FINANCING AND STRUCTURE OF EXPENDITURES BY THE MOST IMPORTANT HEALTH INSTITUTIONS, 1982 (in percentages of the total for each institution)

	<u>Ministry of Health</u>	<u>National Social Security Institute</u>	<u>Medical Services of the Armed Forces</u>
I. Sources of financing			
Government allocation	79.77	32.52	92.73
Earmarked taxes	11.83	-	7.27
Affiliates' contributions	-	65.06	-
Services sold	8.40	1.40	-
Other sources	-	1.02	-
II. Structure of expenditures			
Salaries and remunerations	69.60	41.50	52.22
Supplies and equipment	18.91	15.98	16.10
Investments	11.19	11.06	31.68
Services bought	-	31.46	-

* In 1970 the budget of the NFHI was of 30 169.4. Since then the Government has followed the policy of centralizing progressively all the sectorial funds for capital investments.

Table 41: COVERAGE OF HEALTH SERVICES BY REGIONS AND PROVINCES, June 1984

	<u>Country</u>	<u>Population with theoretical access to Health Services</u>	<u>Percentage of total population</u>	<u>Population not covered</u>
		<u>12 334 800</u>	<u>64.99</u>	<u>6 644 900</u>
I.	North	<u>2 131 800</u>	<u>59.90</u>	<u>1 427 300</u>
	1. First Province	655 800	67.87	310 400
	2. Second Province	1 113 100	78.35	307 600
	3. Third Province	362 900	30.96	809 300
II.	Mid-North	<u>1 732 900</u>	<u>57.97</u>	<u>1 256 300</u>
	1. Fourth Province	579 400	53.87	496 100
	2. Fifth Province	401 100	48.74	421 800
	3. Sixth Province	752 400	68.98	338 400
III.	Central	<u>3 983 000</u>	<u>88.09</u>	<u>538.700</u>
	1. Seventh Province	433 000	100.00	
	2. Eighth Province	3 550 000	86.83	538 700
IV.	Mid-South	<u>1 475 100</u>	<u>52.13</u>	<u>1 354 400</u>
	1. Ninth Province	426 600	60.28	281 100
	2. Tenth Province	580 800	56.39	449 100
	3. Eleventh Province	220 300	40.84	319.100
	4. Twelfth Province	247 400	44.78	305 100
V.	South	<u>2 580 200</u>	<u>65.31</u>	<u>1 370 300</u>
	1. Thirteenth Province	647 400	86.39	102 000
	2. Fourteenth Province	948 000	55.23	768 400
	3. Fifteenth Province	853 200	68.03	400 900
	4. Sixteenth Province	131 600	57.09	99 000
VI.	Orient	<u>431 800</u>	<u>38.22</u>	<u>697 900</u>
	1. Seventeenth Province	247 400	37.52	412 100
	2. Eighteenth Province	123 800	39.15	192 300
	3. Nineteenth Province	60 600	39.32	93 500

Table 42: HOSPITAL BEDS PER POPULATION, BY REGIONS AND PROVINCES, 1982

	<u>Country</u>	<u>Number of beds</u>	<u>Beds x 1000 population</u>	<u>Beds per 1000 covered population</u>
		<u>62 945</u>	<u>3.32</u>	<u>5.10</u>
I.	North	<u>4 196</u>	<u>1.18</u>	<u>1.97</u>
	1. First Province	<u>1 807</u>	<u>1.87</u>	<u>2.76</u>
	2. Second Province	<u>1 264</u>	<u>0.89</u>	<u>1.14</u>
	3. Third Province	<u>1 125</u>	<u>0.96</u>	<u>3.10</u>
II.	Mid-North	<u>7 174</u>	<u>2.40</u>	<u>4.14</u>
	1. Fourth Province	<u>2 398</u>	<u>2.23</u>	<u>4.14</u>
	2. Fifth Province	<u>1 613</u>	<u>1.96</u>	<u>4.02</u>
	3. Sixth Province	<u>3 163</u>	<u>2.90</u>	<u>4.20</u>
III.	Central	<u>32 051</u>	<u>7.09</u>	<u>8.05</u>
	1. Seventh Province	<u>2 122</u>	<u>4.90</u>	<u>4.90</u>
	2. Eighth Province	<u>29 929</u>	<u>7.32</u>	<u>8.43</u>
IV.	Mid-South	<u>6 725</u>	<u>2.38</u>	<u>4.56</u>
	1. Ninth Province	<u>2 626</u>	<u>3.71</u>	<u>6.16</u>
	2. Tenth Province	<u>3 151</u>	<u>3.06</u>	<u>5.43</u>
	3. Eleventh Province	<u>755</u>	<u>1.40</u>	<u>3.43</u>
	4. Twelfth Province	<u>193</u>	<u>0.35</u>	<u>0.78</u>
V.	South	<u>9 345</u>	<u>2.37</u>	<u>3.62</u>
	1. Thirteenth Province	<u>3 192</u>	<u>4.26</u>	<u>7.48</u>
	2. Fourteenth Province	<u>3 210</u>	<u>1.87</u>	<u>3.39</u>
	3. Fifteenth Province	<u>1 154</u>	<u>0.92</u>	<u>1.35</u>
	4. Sixteenth Province	<u>1 789</u>	<u>7.76</u>	<u>13.59</u>
VI.	Orient	<u>3 454</u>	<u>3.06</u>	<u>8.00</u>
	1. Seventeenth Province	<u>2 592</u>	<u>3.93</u>	<u>10.48</u>
	2. Eighteenth Province	<u>443</u>	<u>1.40</u>	<u>3.58</u>
	3. Nineteenth Province	<u>419</u>	<u>2.72</u>	<u>6.91</u>

Table 43: HOSPITALS AND HOSPITAL-BEDS BY INSTITUTIONS, 1982

	<u>Number of hospitals</u>	<u>Number of beds</u>	<u>Number of average beds x hospital</u>
Ministry of Health (MOH)	62	20 601	332.27
National Social Security Institute (NSSI)	30	23 261	775.37
Medical Services of the Armed Forces	4	761	190.25
Private	<u>141</u>	<u>18 322</u>	129.94
	237	62 945	

Table 44: HOSPITAL BEDS BY INSTITUTIONS AND REGIONS AND PROVINCES, 1982

<u>Country</u>		<u>Beds of</u>	<u>Beds of</u>	<u>Beds of</u>	<u>Beds of</u>
		<u>MOH</u>	<u>NSSI</u>	<u>Armed</u>	<u>Private</u>
		<u>20 601</u>	<u>23 261</u>	<u>761</u>	<u>18 322</u>
I.	North	<u>1 162</u>	<u>1 259</u>	-	<u>1 775</u>
	1. First Province	133	520	-	1 154
	2. Second Province	503	739	-	22
	3. Third Province	526	-	-	599
II.	Mid-North	<u>1 867</u>	<u>1 332</u>	-	<u>3 975</u>
	1. Fourth Province	537	115	-	1 746
	2. Fifth Province	748	-	-	865
	3. Sixth Province	582	1 217	-	1 364
III.	Central	<u>6 416</u>	<u>17 152</u>	<u>655</u>	<u>7 828</u>
	1. Seventh Province	217	936	221	748
	2. Eighth Province	6 199	16 216	434	7 080
IV.	Mid-South	<u>2 481</u>	<u>2 208</u>	-	<u>2 036</u>
	1. Ninth Province	353	962	-	1 311
	2. Tenth Province	1 466	1 246	-	439
	3. Eleventh Province	644	-	-	111
	4. Twelfth Province	18	-	-	175
V.	South	<u>6 032</u>	<u>1 218</u>	-	<u>2 095</u>
	1. Thirteenth Province	2 105	610	-	477
	2. Fourteenth Province	2 560	183	-	467
	3. Fifteenth Province	189	-	-	965
	4. Sixteenth Province	1 178	425	-	186
VI.	Orient	<u>2 643</u>	<u>92</u>	<u>106</u>	<u>613</u>
	1. Seventeenth Province	2 046	92	106	348
	2. Eighteenth Province	178	-	-	265
	3. Nineteenth Province	419	-	-	-

Table 45: HEALTH CENTRES, MEDICAL AND SANITARY POSTS BY REGIONS AND PROVINCES, 1982

	<u>Country</u>	<u>Ministry of Health</u>			<u>Private (religious)</u>	
		<u>Health Centers</u>	<u>Medical Posts</u>	<u>Sanitary Posts</u>	<u>Medical Posts</u>	<u>Sanitary Posts</u>
		<u>46</u>	<u>204</u>	<u>515</u>	<u>7</u>	<u>28</u>
I.	North	<u>5</u>	<u>61</u>	<u>74</u>		
	1. First Province	2	15	19		
	2. Second Province	2	28	38		
	3. Third Province	1	18	17		
II.	Mid-North	<u>9</u>	<u>42</u>	<u>66</u>	<u>2</u>	<u>11</u>
	1. Fourth Province	<u>4</u>	<u>19</u>	<u>15</u>		
	2. Fifth Province	1	11	40	2	11
	3. Sixth Province	4	12	11		
III.	Central	<u>3</u>	<u>11</u>	<u>9</u>		
	1. Seventh Province	3	2	-		
	2. Eighth Province	-	9	9		
IV.	Mid-South	<u>7</u>	<u>17</u>	<u>120</u>		
	1. Ninth Province	5	3	20		
	2. Tenth Province	1	8	28		
	3. Eleventh Province	-	2	27		
	4. Twelfth Province	1	4	45		
V.	South	<u>16</u>	<u>60</u>	<u>151</u>	<u>1</u>	<u>6</u>
	1. Thirteenth Province	5	22	10		
	2. Fourteenth Province	5	17	98		
	3. Fifteenth Province	4	15	30	1	6
	4. Sixteenth Province	2	6	13		
VI.	Orient	<u>6</u>	<u>13</u>	<u>95</u>	<u>4</u>	<u>11</u>
	1. Seventeenth Province	-	4	29	2	10
	2. Eighteenth Province	6	7	58	-	1
	3. Nineteenth Province	-	2	8	2	-

= = =