사회개발계획의 현황과 전망

SOCIAL DEVELOPMENT, TODAY & PERSPECTIVE FOR TOMORROW
주 제 발 표
(Tentative Draft for Discussion)

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1. 사회개발계획의 범위와 내용

개발계획이란 일국의 경제성장을 필요로 계획 대책을 조작화하기 위하여 여러 가지 사업계획을 마련하는 것입니다. 그것은 또한 일국의 경제적, 사회적 그리고 정치적인 미래상을 소망스러운 방향으로 유도하는 물리적인 계획인 것입니다. 

Waterston의 정의를 빌려보면, 개발계획이란 소정의 목표를 성취하고자 최선의 방법을 선택하는 조직적이며 종합한 기도인 것입니다.

일반적으로 개발계획은 두가지 주요한 목적, 즉 경기레벨적인 목적과 개발적인 목적을 내포하고 있습니다. 첫째 목적은 자원의 완전이용에 부합하며 인프라와 경기변동을 역제함에 부응하는 성장율을 지속시키는 것입니다. 

둘째 목적은 이와같은 목적을 달성시키기 위하여 제도화 또는 구조상의 재변화를 통하여 경제적 및 사회적 성장의 가속화를 유도하는 것이다.

따라 이 둘째 목적은 개발도상 제국가에 있어서 가장 중대한 파제이며, 이들 중 대부분 국가는 자립경제성장을 이룩하는데 필요한 경제적 및 사회적 구조의 변화를 조성하고자 집중적인 계획 수단을 계획의 연환으로 구사하고 있습니다.

사실상 일제기 이상이나 경제성장은 GNP의 증가분과 동의어로 인식되어 왔습니다. 그러나 오늘날 GNP의 증가분이란 경제성장의 여러 가지 목적 가운데 단지 한가지의 의미만을 지니고 있습니다.
1. Scope and Content of Social Planning

Development Planning consists of preparing programs for the organization of the purposeful actions necessary for the growth of the economy of a country. It is also a physical design to lead the economic, social and political future of a nation in a desired direction. According to Waterston, it is an organized intelligent attempt to select the best available alternatives to achieve specific goals.

Generally, development planning is known to involve two main purposes, anti-cyclical and developmental. The first is to maintain a rate of growth consistent with the full utilization of resources, and with avoiding inflation and cyclical fluctuations in the economy of a nation. The second is, on the other hand, directed towards accelerating economic and social growth by introducing the institutional and structural changes which are needed to achieve this goal.

It is the second purpose that is most important in the developing countries where planning is employed as an intensive means of bringing about the changes in the economic and social structures necessary to the achievement of self-sustained economic growth. For more than a century the economic growth has been synonymous to the increase of the GNP. However today we consider the increase of the GNP to be only one of a number of goals of economic growth.
2차대전이후 이러한 개념은 발전되어, 일국의 개발목적은 단지 GNP의 증가만을 내포하고 있는 것이 아니라, 보다 큰 사회-경제적 개발을 가능하게 되었습니다.

즉 교육기술의 확대, 부의 정착 배분, 사회적 통합의 강화, 남부 지역의 생활수준향상, 교육, 보건 및 주택의 개선, 그리고 사회적 정책적 제도적 제범화등 여러가지 중요한 목적을 포괄하고 있습니다.

지금 고찰한 보다 광범한 경제계획개념에서 사회계획의 범위와 내용의 정의를 찾아볼 수 있다.

사회계획은 국가개발의 사회적 으로 제구성요소를 포괄하므로 개발계획의 범위를 벗어나서 경제계획을 보충, 강화하고자 의도하는 것이다.

오늘날 선진국에서는 인간생활에 필요한 최소수준 및 사회적 연대책임과 같은 사회정의에 관련한 목표를 전략적으로 강조하는 경향이 있다. 반면에 개발도상국에서는 인적자원의 개발과 경제성장의 요구에 관련한 목표들이 더욱 강조되고 있다.

현명하면, 사회계획은 한 국가에 있어서의 제 사회투자에 관한 실질적인 일정표가 될 수 있는 것이며, 사회개발은 도시화, 보건, 교육 및 사회복지등에 투자되는 제 사회적지출의 결과(성과)라고 한다.

그러므로 일국의 사회개발계획은 도시화, 보건, 교육 및 사회복지등에 관한 하나의 전반적 집행계획이 되어야 한다.

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As the conception has developed in the post-war period, the objectives of development of a country involves not only the increase of the GNP, but also the larger socio-economic goals such as the expansion of employment opportunities, a more equitable distribution of wealth, a greater social integration, an improvement in the level of living of lagging groups or regions, improvement of education, health and housing, and structural or institutional changes of the society.

The definition of the scope and content of social planning follows from the enlarged conception of economic planning we have just considered. It is intended to complement and strengthen economic planning by broadening the scope of development planning to include explicitly the social components of development. Today, there is a tendency in developed countries to place strategic emphasis on the objectives related to social justice such as necessary minimum and social solidarity. Objectives related to the development of human resources and to the requirements of economic growth are stressed more in developing countries.

The social planning can be, in another word, the practical modality of social investments of a nation, and Social Development is a fruit of social expenditures which are invested on urbanization, Health, Education and Social Welfare.

Therefore the Social Development Plan of a country must be an all around executive plan on Urbanization, Health, Education
우리나라에서는 이러한 사회개발에 관한 많은 주요파제들이 보건
사회부의 관리하게 있으며, 당부 사회보장 심의위원회에서 1969년
부터 외국의 교수단 및 전문가들의 지원을 얻어 이 분야에 관한
기초적인 조사연구를 수행해 왔다. 그리고 인구와 노동력, 공중보
건 및 의료, 공적부조 및 기타 사회복지들과 같은 기본적인 주요
분야들에 있어서의 가용자료들을 분석, 종합하기 위한 목적으로 수
많은 희미와 세미나를 개최해 왔다. 사회개발의 잠정적인 계획에
대한 최초보고서가 당위원회에서 집필되었으며 1968년 사회개발기
본구상을 발긴하여 처음으로 우리나라 사회개발계획이 각종사회투자
계획에 대한 그 윤곽을 드러내게 되었다. 그러나 이러한 처음으
로 시도된 내용은 기초적인 윤곽계획밖에 될 수 없었으며, 보다 긴
고 절저한 연구가 요구된다 하겠다.

1969년 이래로, 이사회투자의 역할과 필요성에 관한 인식이 보다
증대되어, 제3차 5개년계획을 마련함에 있어서는 사회개발계획에 전
보다 어두운 역할을 두게 되었다. 즉, 제3차 경제개발 5개년계획
에 대한 경제기획원의 일반적지침에 따라서 당보사부는 보건, 사회
복지부문에 있어서의 자본재산에 관한 연구를 수행해 왔다.

교육, 주택 및 급수와 같은 기타 사회개발계획의 주요파제들은
학무부, 문교부, 건설부와 같은 기타부처의 관리에 속하고 있다.
그러서 제3차계획에 관한 사회개발계획분야에서는 보사부가 관리
하는 영역이 이와같이 제한되어 있어서, 현재 과부처 상호간에 점
토되고 있는 당부의 사회개발계획은 제반 사회투자에 대한 회사의
전반적인 계획이 아니고 따라서 보건과 사회복지문제에만 관련되는
것이다.
and Social Welfare.

Some main subjects concerning Social Development are in Korea under the administrative jurisdiction of the Ministry of Health and Social Affairs.

The Social Security Committee of the Ministry was charged in 1967 to conduct a preliminary study with teams of professors & the assistance of foreign experts. More than a hundred meetings and conferences have been held for the purpose of analyzing and synthesizing the available data in certain fundamental areas such as population and labour force, public health and medicine, public assistance and welfare etc.

The first report on a provisional plan for social development was edited by the Social Security Committee. With publication of the Basic issue in 1968, social planning in Korea presented its outline for the various projects of social investment for the first time. However the content could not be more than a preliminary presentation, and more and deeper studies are called for.

Beginning with 1969, related to the preparation of the third five year plan, more attention has been given to social planning with a broader understanding of the role and need of social investment.

The studies on different proposals in Health and Social Welfare have been conducted by the Ministry of Health and Social Affairs in accordance with the all around direction of
보건사업은 모든 국민을 질병의 위협에서 보호하고, 천부적 전염
을 유지 및 중진하며 환경위생을 개선하여 사회복지의 증진뿐만
아니라 경제발전의 촉진적 요인이 된다고 생각됩니다.

특히 우리나라의 경우 보건사업은 질병의 위험에서 보호되지 못
하고 현대적 의료의 해택을 받기 어려운 농어촌지역에 있어서 실
질적인 사회보장의 주요한 수단이 됩니다.

그러나 많은 사람들이 효과가 즉각적으로 나타나지 않거나 이에
대한 해의 부족에문에 보건사업을 소비적인 것으로 인식하고 있
음은 볼 수 있습니다.

이러한 보건사업에 대한 그릇된 태도로 인하여 보건사업에 대한
투자는 인식하였고 그 결과로 예방될 수 있는 질병으로 많은 생
명이 어린 나이에 죽고, 생존한다 할지라도 많은 사람들이 온갖
질병에 이환되고, 낮은 노동생산성을 유지하여 왔습니다.
몇가지 보건과 관련된 주요 지표를 중심으로 보건현상을 검토해
보겠습니다.

우리나라는 사람율은 1966년 인구 1,000명에 10. 영아 사망율
은 22.2이며, 일본의 평균수명은 70세라는 것과 비교할 때 우리
나라는 여전히 개선할 여지가 큽을 알 수 있습니다.

특히 소아사망율 그 자체는 영국이나 스웨덴과 같은 선진국과 가까
거의 유사한 수준에 있지만 연령별 사망수준을 볼때 14세 이하의
사망율이 대단히 높습니다.

우리나라의 연간 전체 사망수중 14세이하 사망수의 비율은 40.1

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EPB for the preparation of the third Plan.

For some main subjects related to social planning such as education, housing and water supply the administrative controls belong to other ministries such as the Home Ministry, the Ministry of Education, and the Ministry of Construction.

Therefore the sphere of the Ministry of Health and Social Affairs in the area of social planning as related to the third plan is limited. Thus the Ministry's plan which is now under the interministrial examination is not an over-all design for social investments, and it related only to the affairs of Health and Social Welfare.
% 인구 반하여 일본은 7.2%, 영국은 3.9%에 불과합니다. 60세이상 사망비율은 우리나라는 31.9%인데 반하여 일본은 그 배가 넘는 67.4%, 영국은 78.8%에 달합니다.

이러한 연령계층별 사망율은 우리나라 국민의 대부분이 예방 가능한 질병으로 사망하고 있음을 반영한다고 하겠습니까.

한편 이환실태를 보면 연간 국민 1인당 유병일은 44일이며 특히 농촌지역은 53일로서 도시와 25일의 2배가 넘은 실정입니다. 우리나라에 1969년현재 결핵환자수는 5세이상 인구의 4.5%인 122만명, 기생충 이환자수는 전인구의 80%인 2,400만명, 치료를 요하는 정신병환자수는 전인구의 1%인 30만명, 금성전염병의 발생율은 정확히 파악되지 않고 있지만 대단히 높은 것으로 추정되고 있습니다.

√ 한편 환경위생 상태는 극히 불량합니다. 상수도 및 간이급수시설에 의한 안전수급수인구는 전인구의 30%이내이며 본도 및 전개의 대부분은 비위생적으로 처리되고 하수도시설의 보급율은 극히 낮습니다.

√ 이외에 불량식품 및 의약품의 범람은 생명 및 건강에 지배한 영향을 주고 있고 국민 1인당 섭취 칼로리는 평균 소요량인 2,300칼로리에 미치지 못하는 2,100칼로리에 불과하고 그 열량의 84.1%는 곡물에 의존하고 동물성 단백질은 총단백질 섭취량의 11.6%에 불과하여 국민영양실태는 양 및 질 모두가 불량한 실태에 있습니다.
II. Health and Social Welfare and the 3rd Five Year Plan

Health improvements are widely needed today in as much as the large health programs are still on a crucial level in Korea.

Our wish on health policy in the 3rd plan may, therefore be summarized as follows:
- Priority to rural than urban areas
- Priority to massive than individual medicine
- Priority to preventive than curative medicine
- Priority to health educational activities.

Before the presentation of any objectives in health policy it would be well to begin with some general data on health in Korea today.

Some priority to providing rural health services should be definitely considered in as much as more than 55% of the population reside in rural areas where they lack modern facilities for systematic health protection.

The crude death rate in 1966 was 10 per thousand, while the infant mortality was 60 per thousand, and life expectation was 62 for the same year. Comparing with a country like Nationalist China, where the population structure is somewhat similar to Korea, the death rate shows only 5.5 per thousand with an infant mortality of 22.2 per thousand. The mortality of persons under 14 is 40.1% of the crude mortality in Korea,
이러한 만성질환 및 전염병의 만연, 불량한 환경위생과 영양상태 등은 우리나라의 높은 이환상태에 직접 영향을 주는 주요 요인들입니다.

이렇게 높은 이환상태에 반하여 연간 국민 1인당 치료일은 농촌에서 11일, 도시에서 13일로서 농촌은 질병일수의 약 1/5, 도시는 약 1/2 이 치료를 받고 있지만 의사에 의한 치료일은 농촌에서 2일, 도시에서 3일에 불과하여 현대 의료의 혜택은 전 국민의 극히 적은 부분 특히 도시지역에 제한되어 있습니다.

더욱이 의사의 75%, 간호원의 85%, 병상의 90%가 도시에 폐쇄된 반면 농촌인구의 1/3은 의사가 없는 읍, 면에 거주하고 있음을 지적해야 할 것입니다.

이렇게 높은 사망수준 및 이환상태, 불량한 의료실태, 의료 인력 및 시설의 도시분배등은 우리나라의 주요보건문제이지만 이 문제해결을 위한 공공영역의 보건사업의 주요한 부분이 정부의 보건사업비의 대단히 빈약합니다. 1965년 정부예산중 차지하는 보건사업비의 비율은 0.9%에 불과하였음에도, 미국은 5.35% 일본 2.14%, 덴마크 5.7%, 대만 4.6%로서 이들국가는 우리나라보다 월등 높음을 알 수 있습니다. 국민 1인당 보건사업비는 우리나라가 0.2달러, 미국 36.54달러, 일본 8.72달러, 덴마크 9.78달러로서 일본은 우리나라의 약 45배입니다. 그러나 1인당GNP는 일본이 우리나라의 약 7배에 불과합니다. 그러므로 이것만 보아도 우리나라의 보건사업이 차지하는 비약한 우선순위를
while it is only 7.2% in Japan, and 3.9% in England. On the other hand, the death rate of persons over 60 is 31.9% of the crude mortality, while it attains at 67.4% in Japan, and 78.8% in England. These data concerning the mortality reflect the fact that the population of Korea is very vulnerable to various diseases which have been somewhat prevented in other countries. In Korea, the average annual sick day is 44, with 53 for rural areas, and 25 for urban areas. In 1969 the number of tuberculosis cases appeared to be 122,000 or 4.5% of persons over 5 years of age.

The persons infected by different parasites reach 24 millions, or 80% of the population, and the number of psychiatric patients is about 300,000, or 1% of the population. As for the incidence of epidemics there are no reliable statistics, however, the estimates are not optimistic. The general environmental conditions are hard to define as satisfactory.

The rate of community water supplies is only 30% of what is needed, and the provision of safe disposal for wastes is largely missing. Actually the calorie-intake stays at a very low level, 2,100cal, of which 84.1% are from grains and only 11.6% of all protein consumed are of animal-origin.

Thus the unsatisfactory nutrition, the poor environmental sanitation, chronic diseases and epidemics are the causes which lead the morbidity to a higher level. The average treatment day is 11 for rural areas and 13 for urban areas. They
 쉽게 점차할 수 있을 것입니다.

특히 농촌지역은 농촌인구의 도시집중으로 인하여 농촌인구의 절대수는 향후 1986년까지 증가가 없는 것으로 추정됩니다.

그러나 농촌인구의 점적인 면 즉 인구구조는 생산연령인구의 도시이출로 인하여 많은 변화가 예측됩니다.

1966년 농촌의 14세이하 인구비는 47.2%이지만 도시는 46.1%이며 60세이상의 비율은 농촌에서 6.0%, 도시에서 3.5%로서 농촌의 인구부양비는 도시보다 약간 높습니다. 그러나 1986년에 인구부양비는 농촌이 도시보다 훨씬 높은 수준에 있게 됩니다.

즉 14세이하 인구비는 농촌에서 30.4%, 도시에서 25.3%, 60세이상 인구비는 농촌에서 10.5%, 도시에서 4.7%에 달하게 될 것입니다.

이러한 인구구조의 변화는 보건적인 측면에서 농촌은 도시에 비하여 훨씬 많은 질병양을 갖고, 경제적 측면에서 적은 비율을 차지하는 생산연령인구와 생산성 향상과 60세이상 인구의 노동력활용이라는 문제를 일으켜게 되며, 이들 문제의 해결은 농촌보건 개선을 통해서만 가능하다고 하였습니다.

그러므로 1972년~76년 기간에 실시하게 될 제 3차 경제개발 5개년계획중 보건사업은 이상 지적된 보건문제의 해결에 역점을 두어야 할 것입니다.

다행히 경제개발계획의 기분목표중 농촌보건의 개선이 포함되어 있습니다.
represent respectively only one fifth, in rural areas, and a half in urban areas, of all diseases day. However, the treatment day by medical doctors is only 2 for rural areas and 3 for urban areas, and only a small percentage of patients is covered by modern facilities in the large cities. A medical geography of the country reveals that the rate of concentration in urban areas of the existing medicine and medical facilities is 75% for doctors, 85% for nurses and 90% for hospital beds.

One third of the population in rural areas is living in countries without doctors. In spite of these pessimistic data the national health budget remains too limited to meet with the large problems.

During the year of 1967, the health budget of the government represented 0.95% of total expenditures while it was 5.35% in the United States, 2.24% in Japan, and 4.6% in Nationalist China. As for the health expenditure per capita, a Korean had only 20 cents in 1967. An American had 36.54 dollars for the same year, a Danish spent 9.7 dollars, a Japanese 8.72 dollars, about 45 times more than a Korean while their GNP was not more than 7 times of that Korea in 1967.

According to general plan of long term economic development, the process of industrialization will be such as to keep the rural areas without any variation as regards the number of inhabitants. However a structural change is going to take place in the population in rural areas.
제 3차 계획의 작정과정은 경제기획원의 작정지침에 의거하여 (1) 정책목표의 설정 (2)수요예측 (3)공급능력 분석 (4)공급계획 (5)정책수단의 발전 (6)사업계획 (7)투자효과 추정등으로 구분하여 작성토록 되어 있고 현재까지 보건사업부문의 계획은 (1)정책목표의 설정에서 (4)공급계획까지 완료하여 경제기획원의 실무전과 차관급으로 구성된 위원회의 통과를 보았습니다.

이 계획에 포함된 사업과 내용에 관해서 자세한것은 별첨 참고 자료를 참고하시기 바랍니다. 본인은 이자리에서 이 계획의 주요 방향과 이 계획을 통하여 달성코자 하는 목표에 대하여 간단히 말씀드리고자 합니다.

3차경제개발계획에는 특히 가족계획, 질병관리, 보건의료망의 기능강화, 환경위생의 개선등에 중점을 두어 1976년의 목표년도에는 결핵이환율은 1.7%, 기생충이환율은 30%, 정신병이환율은 0.6%로 각각 감소시키고 유자적자에 의한 분만개조율은 90%, 유배우부인의 가족계획실시율은 48.2%로 증가시킬 계획입니다.

환경위생에 있어서는 상수도 보급인구를 제외한 기타인구의 65%에게 안전수를 공급하고 분뇨중 도시분뇨는 100%, 농촌분뇨는 50% 위생적으로 처리하고 도시공해 위험도는 안전기준이하로 저하시킬 계획입니다.

한편 전국 보건의료망의 기능강화를 위해 보건소 및 보건지소의 장비 보강 및 요원확보, 기동화등에 의하여 특히 농촌의 보건
In 1966 the rate of persons under 14 in rural areas was 45.2% while it was 40.1% in urban areas. The rate of those over 60 was 6% in the countryside while it was 3.5% in the cities. So the rate of the non-active population in the rural areas was higher than in urban areas by 7.7%. By the year of 1986 the situation is going to be worse for the rural population. Persons under 14 are expected to constitute 30.4% in rural areas while it will be 25.3% in urban areas. And persons over 60 will be 10.5% in countryside while 4.7% in the cities.

This structural change of rural population will bring a consequence of aggravating the relative conditions of rural life: firstly by the increase of vulnerability to diseases, and secondly, by the increase of dependent persons.

As these two problems shall only be overcome by improving the productivity of rural population, and by increasing the health budget for rural areas, every future plan for development will have to admit a larger provision for investments in rural areas for social protection.

It is especially necessary to begin at least a minimum in social expenditures with the third plan because it shall be open a channel for the modification of the conventional conception of development in Korea.

In the third five year plan our major policies in health are going to concentrate to the utmost on family planning, disease control, the reinforcement of the national health, and the
및 의료적 수요를 충족시킬 계획에 있습니다.

이러한 목표가 성공적으로 달성될 때 우리나라 국민의 평균수명은 69세로 연장되고 사망율은 인구 1,000명당 6, 영아사망율은 35이하로 감소될 것이며 예방가능한 질병에 의한 인명의 피해는 급격히 감소되며 특히 농촌지역의 환경위생 개선과 현대적 의료 이용도는 현저히 향상될 것으로 기대됩니다.

특히 출생율은 2.1%로 저하하고 인구증가율은 1.5%로 저하하여 항아리형의 인구구조로의 변화를 촉진할 것으로 기대됩니다.

그러나 이러한 목표달성을 위해서 제한된 자원, 훈련된 요원의 부족, 보건투자에 대한 낮은 우선순위등은 당면한 주요문제로 되어 있습니다.

이에 주민에 대한 보건교육의 강화, 적절한 보건동계의 수집, 사업의 개선을 위한 평가사업 및 조사연구의 강화등은 역점을 두어야할 분야로 지적됩니다.

제3차 경제개발계획 기간은 불량하고 저조한 보건사업을 긍정적 개선방향시킬 역사적 전환점이라고 생각되며 이에 대한 여러분의 고견과 원조는 많은 도움이 될 것임을 의심치 않습니다.
improvement of environmental sanitation.

Our purpose is to decrease the tuberculosis rate from 5 to 1.7%, the parasite infections from 80 to 30%, and the rate of psychiatric patients from 1 to 0.6% in the year of 1976, the end of the third plan. During the same period we aim at the increase of family plan practising rate from 25 to 48.2%, and the delivery rate by qualified personnel from 21.6 to 90%.

In the field of environmental sanitation the provision rate of community water supplies and of safe disposal for wastes should be more than doubled, and the risk of public nuisances will need to be kept at an accepted minimum level.

For the health and sanitation problems in rural areas the functioning of national health net-work shall be largely improved by reinforcement of qualified personnel and facilities of the existing health centers and sub-health centers with the particular emphasis for motorization.

Once these objectives are realized, we shall expect to see that the life expectation will be 69, and the death rate 6 per thousand with an infant mortality under 35 per thousand.

The birth rate by 1976 is expected to be 21 per thousand, for an annual increase of population of 1.5%.

It is our hope that the third five year plan will lead towards an overall health improvement in Korea.

The major objectives of social welfare sectors are prepared with the emphasis on urgent issues.
국방과 전설이라는 현실적 여건에서 경제개발에 치중할 나머지 사회복지문제에 상당한 재정을 면치 못하는 실정이지만 아동·노령, 모자가구, 심신장해자등 사회적 약자보호와 그들의 복지증진을 시도한 국가적 노력은 계속되고 있습니다.

생활보호법이나 아동복지법 및 재해구호법 등 공적부조제법을 기간으로 1969년말 현재 1,691천여가 될 것으로 예상되는 약체인의 자활경차사업을 비롯하여 국공립 및 사설시설에 72천여를 수용보호하는 한편 493천의 격리를 보호하고 실시하여 그들의 복지 서비스를 강화하고 기술교육 및 직업훈련을 확충하여 전진한 사회의 일원으로서의 부귀를 촉구하고 있습니다.

특히 저소득계층에 대하여는 그들의 소득을 증대시키고 나후를 방지하기 위하여 국제연합의 후원과 이공법 480호에 의한 원조와 정부자원으로 개간, 간척, 수리, 도로사업등 자조근로사업에 취소시키거나 지역사회의 개발 및 국토보전등에 참여시키 국방과 아울러 식량증산 자급재게에 기여함과 동시에 자활경차할 수 있도록 하고 있습니다.

또한 아니라 수용보호와 경제적, 사회적 문제점을 감안하여 사회 구조원으로서의 기능을 충분히 발휘하게 하기 위하여 거래구호를 적극 권장 촉진하고 있습니다.

그러나 정부총예산 규모의 1 - 2%와 적은 자원으로 충원구와 10%를 전후하는 요호배당자를 보호하기에는 많은 애로와 문제점이 현존하고 있습니다. 그래서 1972년부터 차수릴 제3차 경제 개발 5개년계획기간부터는 이와 같은 낙후된 사회복지 부문의 투
One is to help the low income bracket people support themselves by means of work on self-help projects.

By the completion of the 3rd Plan, it is hoped that 66% of persons in this category will be covered by the scheme. General increase of wages will be enforced at the same time by the government for the protection of all wage categories.

Vocational training and job guidance will be extended, while increased protection will be provided to those unable to protect themselves.

More care will be provided for children who require protection in child welfare institutions. At least 20% of institutionalized children will be placed in families.

Participation of women in various socio-professional activities will be encouraged, and vocational training with job guidance will be organized for more than 50,000 women requiring protection. More specifically, the third five year plan expects furthermore to implement at least a partial scheme of old-age insurance. An extension of sickness insurance, which has already been launched, is contemplated.

The services elaborated for the third plan as social welfare projects contain, in the first place, the existing activities such as self-help work programs, life protection, child welfare.

In nature, these services are to be preventive or remedial or both. They will be operating more efficiently by aiding individuals, groups and communities through material help and
자료 보다 강화하면서 경제사회의 균형 발전을 추구하는 사회개발의 기초를 확립하고자 최선의 노력을 경주하고 있습니다.

가. 현황요약

① 영세민 자립조성사업

1970년도와 자원내역을 보면

미공법 480 - II 양곡 50,000 톤
정부부담 35,000 톤
기타 (카나타기증) 25,000 톤

계 110,000 톤이며

개간. 자방조립. 목아지조성. 간척. 하천지개발. 경지정리. 농업용수개발. 도로공사등 13개중에 달하는 사업을 전개하고 있는데 연차적으로 60%이상의 영세민을 자활케 하며 노업수준을 현실화하여 취저생활을 보장함과 동시에 자활자립의 기반을 조성하고자 합니다.

일반영세민에 대하여는 종래의 무상구호로부터 근로구호로 정책을 전환하여 각종 근로사업에 취로하는 것을 전제로 하여 자조근로사업과 국토건설을 비롯한 공공사업장에 취로하도록 하고 있습니다.

② 생활보호사업

생활보호법에 의하여 정부가 보호해야 할 종대상수는 2,517천인으로 추정되며 이중 가동능력이 없는 수용대상총수는 69.6천인이고 거액보호 대상이 352천인으로 이들 보호대상자에 대하여 최소한의 생계부조에 소요되는 자원은 14,218백만원에 달하고 있습니다.
institutional care.

Thus the major policies of social welfare aim with priority at the protection of those who are least privileged or most vulnerable in Korean society.

Moreover, the third plan, as a start towards long term policy for overall social protections, is aware of the need for the progressive creation of basic schemes of Social Security. Directly it will prevent workers from various social risks, and indirectly, it will improve the productivity of the labour force.
요보고대상자 중 생활보호대상자는 생활보호법에 의거 정부의 예산
으로 보호되고 있으며 보호기준은 시설수용자의 경우 1인당 1일
배미 1.5호 (216g) 경맥 1.5호 (270g) 부식비 6.7원을
지급하고 아동수용시설에 대하여는 외국 민간원조단체로 무려
1,222백만원의 추가원조가 공여되고 있으며 거택보호자에 대하여는
1일 소박분 2.5호 (250g) 이 지급되어 결과적으로 대상인원
538천인중 352.6천인에 대하여 연간 2,687백만원이 책정부조
되고 기타 거택보호 180천인과 시설구호 5.4천인 제 185.4천
인은 지방가치단체에 의하여 보호되고 있는 설명입니다.

(3) 양로보험사업

인구의 노령화 경향이 현저하며 인구구성 Pattern 이 전환
됨에 따라 노령복지대책과 필요성이 강조되고 있습니다.
경우에서는 국민연금제도와 실시를 전제로하여 우선 우리나라와 실
정에 부합하는 사회보험방식에 의한 양로보험제도를 창설하여 근로
자를 대상으로 사업을 착수하고 1976년까지는 근로자 50인이상을
사용하는 사업 또는 사업장의 전근로자를 보호함으로서 전체대상인
구의 7.3%를 확보하고자 하는 것이며 연금보험의 기초를 확립
하려고 하고 있습니다.
III. Some Common Problems

In the process of the execution of all projects in health and Social Services the major problems we confront in Korea are the underestimation of the role of S.D. among scholars and politicians alike, misunderstanding of the people for the need of S.D., and the lack of relevant and reliable Social Statistics.

The different projects, in the course of realization, present the vital need of greater financial provisions for S.D., more cooperation and more creative use of foreign experts, and the greater emphasis on rural community development. In our country where the wages take but a minor part of the G.N.P., an increase of wage level for the more equitable distribution of wealth might be another phase of health and social services.

It is also urgently needed to recognize our character building or personality development and a wider training of competent personnel for S.D.

More emphasis on cooperative family planning with maternal and child protection is desired to be organized in pair with the enlargement of national health network.

Finally it would be our great interest to see a location of responsibility for S.D. in the highest inter-ministrial body which will take the overall command in all programs of S.D. in Korea.
④ 의료보험사업

우리나라에 근대사회보험의 형태에 입각한 의료보험제도가 도입된 것은 1963년 12월 6일 제건공포된바 있는 의료보험법을 제기로 하였음니다. 당시 우리나라의 경제적으로나 사회적으로 제반 여건이 의료보험을 수용할 수 있는 단계에 있지 못했기 때문에 임의보험제를 대체하고 자발적인 의사에 의한 사망의 차
수를 촉구하여 왔음니다.

1965년 제조업분야에서 일부 최망하는 근로자와 1966년 광업
분야의 일부근로자를 대상으로 의료보험에 의한 의료보험조합이
각각 설립되었고 시범사업을 차수하게 되었음니다.

1965년 11월 시범사업이 차수된 당시의 피보험자수는 340인
에 불과했고 연말현재 부보인구는 2,073인이었음니다.

1966년에 다시 시범사업장이 하나 더 증가하여 피보험자수는
574인이 증가되었고 1966년말현재 총 부보인구는 6,588인으로
증대되었음니다. 현재 2개조합의 시범사업만을 운영하면서 근로
자와 공무원 및 군인에 대한 강제적용과 자영자의 가업분호를
개방하는법 개정작업이 추진중에 있으며 1980년대와 국민의료
개보험을 목표로 한 단계적인 확장실시를 모색하고 있음니다.

3차 5개년계획의 목표년도인 1970년까지는 적어도 50인 이상의
근로자를 사용하는 사업 또는 사업장에 사용되는 모든 근로자와
공무원과 군인을 피보험자로 포괄할 것이며 수해율은 17%로
할 것입니다.

- 26 -
③ 아동복지사업
아동이 건전하고 행복하게 육성되도록 그 복리를 보장함을 목적으로 하는 아동복지사업은 우선 가정환경의 향상을 받지 못하고 있는 불행한 아동을 일반가정에 위탁하여 건전하게 육성시키고 연장아에 대하여는 직업보호로서 교육의 기회를 주어 자립의 능력을 부여하여야 할 것입니다.

이러한 정부에서 지원하고 있는 유료위탁의 경우 1962년에 아동 1인당 1,000원의 양육비를 지급한 것이 1969년 현재까지 역시 1,000원을 지급하고 있어 위탁 보호의 문제점을 단적으로 제시하고 있습니다.

그리고 기아예방을 위한 탁아시설의 설치라든가 부양아 선도사업은 중요하다고 생각됩니다.

④ 부녀복지사업
요보호 여성의 수용보호를 실시하여 자립경쟁을 도모하고 부녀자도제품을 통하여 가정복지 증진에 기여한다는 것은 중요합니다. 즉 부녀복지를 위한 조사연구와 지도 제도를 실시하고 부녀상담을 강화하여 생계유지가 곤란한 불우 미망인과 그 자녀를 육성 보호하고 있습니다. 전략의 위험성이 있는 부녀자와 육아여성을 자립자활하기 위한 수용보호하므로서 선도의 터전을 마련하며 부녀자와 교양향상과 생활의 합리화를 위한 여가선용, 가정부업의 장려 및 사회봉사활동을 통한 사회참여를 촉진할 필요가 있습니다.

1962년도에 처음으로 33인의 부녀상담원을 확보하였고 오늘날에는 211인으로 증대되었으며 각 시, 도, 군에 배치되어 있습니다.
전국에 산재해 있는 29개의 직접보호시설에는 2,000여인의 요보호여성을 보호하고 있으며 33개의 보위보호시설에는 3,300여인의 생계능력마련인과 그 자녀를 수용보호하고 있으며 난평군 150가구에 생활자금의 일부와 시설운영비의 일부를 국고 보조하고 있습니다.

뿐만 아니라 재해지구를 비롯한 부녀자 가출방지사업을 통한 이동의 방지와 생활기반의 조성이 요구되는 것이며 가정부업의 장려와 소비생활의 건전화등 생활개선사업의 적극적 전개가 이루어지고 있습니다.

☑ 5. 기타 재해구호 심신장애자복지등

사회복지 서비스를 강화함과 동시에 사회복지 요원의 기능을 일원화하고 사회복지시설 구성을 위한 시범복지소를 설치 운영하고 사회복지요원의 중심으로 요구호자 보호에 철저를 기하고자 합니다.

나. 정책목표

사회복지부문에 있어서의 정책목표를 총괄적으로 정약해보면 아래와 같습니다.

① 영세인에 대한 자조근로 사업의 적극적인 추진으로 총영세인의 66%를 자활케하고, 임금수준을 현실화하여 최저생활을 보장합니다.

② 충인구의 1.36%에 해당하는 생활보호대상자 전원을 완전보호하며 보호수준의 적극향상을 도모한다.

③ 시설수용 보호수준을 현실화하고 노동력이 있는 자에 대하여
는 직업보도를 통한 자립생활을 도모한다.

④ 양노보험제도를 수립하고 50인 이상의 근로자를 사용하는 사업 또는 사업장에 사용되는 전근로자를 피보험자로 하며 수혜율은 대상인구의 7.3%로 한다.

⑤ 의료보험의 피보험자를 근로자 공무원 및 군인으로하고 수혜율은 대상 인구의 17%까지 확충한다.

⑥ 아동복지시설에 수용된 영유아수를 전체 요보호 영유아와 61%로 감소시키고 건전아동의 육성을 위하여 기타 요보호아동의 20%를 아동상담을 통하여 선도한다.

⑦ 부녀자의 능력개발을 촉진하고 사회참여를 조장하며 전체 요보호 부녀자의 50%인 51,899명에게 직업보도를 실시한다.

⑧ 각종제품에 대비한 기금과 물자를 비축하여 이에 따른 구호에 만전을 기한다.

⑨ 사회복지사업의 일원화를 도모하고 시범복지소를 설치하며 사회복지요원의 증원을 기한다.
III. 결 언

보건사회복지 분야의 모든 사업계획집행과정에서 우리가 당면하는 주요문제는 학자와 정치가들간에 사회개발계획의 역할을 파소 평가하는 경향이 있고 사회개발의 필요성에 관한 일반의 인식이 부족하며, 또한 관련 사회통계의 부족과 그 신빙도가 떨다는 점입니다.

각종 사회개발계획은 그 실현과정에 있어서 더욱 많은 자원의 활동과 외국전문가들과의 더욱 밀접한 협조 및 활용, 그리고 농촌 지역사회의 개발을 위한 더 많은 중점적 배려들이 점실히 요구되는 것입니다. 아직도 그 임금수준이 국민총생산의 3할에 있어 서 낮은 수준에 있는 우리나라에서 일반적인 임금상승으로서는 새로운 측면에서의 전강과 사회복지추구수단임을 확신하며 앞으로 임금은 점차로 더욱 조화있는 분위의 결을 지향하여야 할것입니다.

우리나라는 현재 보다 유능하고 쓸모있는 인재를 양성하여야 하며 보다 유능한 사회개발요원의 훈련이 이루어져야 하는 문제가 더욱가 보다 효과적인 보건기구의 확장과 함께 시급히 실행되어야 할일은 모자전강보호를 포함한 보다 더 강력한 가족계획의 실시입니 다.

끝으로 사회개발에 관계되는 제반 사업의 계획 운영상의 종합적 인 통합을 위해서 이 방면에 관계되는 모든 부처를 지휘 감독할 수 있는 상부기관의 설립은 충분한 고려의 가치가 있다는 점을 상기해 두고 싶습니다.

감사 합니다.
Summary of
HEALTH AND SOCIAL WELFARE PLAN
in Korea: 1972 - 76
to be included in
3rd 5-year Economic Development Plan

Ministry of Health and Social Affairs
Seoul, Korea
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1. **Background Information**

1) **Population**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Whole country</td>
<td>31,139</td>
<td>33,045</td>
<td>33,640</td>
<td>34,212</td>
<td>24,760</td>
<td>24,281</td>
</tr>
<tr>
<td>(1) Urban</td>
<td>13,919</td>
<td>15,531</td>
<td>16,080</td>
<td>16,627</td>
<td>17,171</td>
<td>17,716</td>
</tr>
<tr>
<td>City</td>
<td>10,992</td>
<td>12,425</td>
<td>12,884</td>
<td>13,343</td>
<td>13,834</td>
<td>14,288</td>
</tr>
<tr>
<td>Eup</td>
<td>2,927</td>
<td>3,106</td>
<td>3,196</td>
<td>3,284</td>
<td>3,337</td>
<td>3,428</td>
</tr>
<tr>
<td>(2) Rural</td>
<td>17,220</td>
<td>17,514</td>
<td>17,560</td>
<td>17,585</td>
<td>17,589</td>
<td>17,565</td>
</tr>
<tr>
<td>(1) Population density per Km²</td>
<td>316.3</td>
<td>335.7</td>
<td>341.7</td>
<td>347.5</td>
<td>353.1</td>
<td>368.4</td>
</tr>
</tbody>
</table>

2) **Population Increase Rate (%)**

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>(1) Natural increase rate</td>
<td>2.2</td>
<td>1.9</td>
<td>1.6</td>
<td>1.7</td>
<td>1.6</td>
<td>1.5</td>
</tr>
<tr>
<td>(2) Crude birth rate</td>
<td>3.0</td>
<td>2.6</td>
<td>2.5</td>
<td>2.4</td>
<td>2.3</td>
<td>2.1</td>
</tr>
<tr>
<td>(3) Crude death rate</td>
<td>0.8</td>
<td>0.7</td>
<td>0.7</td>
<td>0.7</td>
<td>0.7</td>
<td>0.6</td>
</tr>
</tbody>
</table>
3) Grand National Production

(at constant price in 1969)

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) GNP (in billion won)</td>
<td>2,030,1</td>
<td>2,664,7</td>
<td>2,891,2</td>
<td>3,136,9</td>
<td>3,403,5</td>
<td>3,693,2</td>
</tr>
<tr>
<td>(2) per capita GNP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in Won</td>
<td>651,96</td>
<td>806,39</td>
<td>859,45</td>
<td>916,90</td>
<td>979,14</td>
<td>1,056,49</td>
</tr>
<tr>
<td>in US $</td>
<td>195.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>368.2</td>
</tr>
</tbody>
</table>

4) Medical Manpower (Registered)

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Physicians</td>
<td>14,096</td>
<td>16,974</td>
<td>18,097</td>
<td>19,476</td>
<td>20,855</td>
<td>22,234</td>
</tr>
<tr>
<td>(2) Dentists</td>
<td>2,038</td>
<td>2,279</td>
<td>2,359</td>
<td>2,382</td>
<td>2,540</td>
<td>2,759</td>
</tr>
<tr>
<td>(3) Nurses (active)</td>
<td>10,984</td>
<td>14,262</td>
<td>17,345</td>
<td>21,464</td>
<td>26,446</td>
<td>30,862</td>
</tr>
<tr>
<td>(4) Pharmacists</td>
<td>13,910</td>
<td>16,555</td>
<td>17,015</td>
<td>17,475</td>
<td>17,939</td>
<td>18,395</td>
</tr>
</tbody>
</table>

5) Hospital Beds

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>15,775</td>
<td>20,696</td>
<td>22,042</td>
<td>23,388</td>
<td>24,734</td>
<td>26,181</td>
</tr>
<tr>
<td>Public</td>
<td>6,495</td>
<td>8,184</td>
<td>8,565</td>
<td>8,996</td>
<td>9,387</td>
<td>9,788</td>
</tr>
<tr>
<td>Private</td>
<td>9,280</td>
<td>12,512</td>
<td>13,457</td>
<td>14,402</td>
<td>15,347</td>
<td>16,292</td>
</tr>
</tbody>
</table>
2. FAMILY PLANNING PROGRAM

1) Goals for 1976

a. Family planning practicing rate should be raised from 25 per cent (in 1969) to 48.2 per cent.

b. Crude birth rate should be reduced to 2.1 per cent and natural increase rate reduced to 1.5 per cent.

2) Estimated Demand

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Female population for 20 - 44 ages</td>
<td>4,552</td>
<td>4,709</td>
<td>4,833</td>
<td>4,925</td>
<td>5,105</td>
</tr>
<tr>
<td>(2) Married Women for 20 - 44 ages</td>
<td>4,244</td>
<td>4,366</td>
<td>4,488</td>
<td>4,617</td>
<td>4,769</td>
</tr>
<tr>
<td>(3) Married Women who want to practice F.P.</td>
<td>2,219</td>
<td>2,283</td>
<td>2,343</td>
<td>2,414</td>
<td>2,494</td>
</tr>
</tbody>
</table>

3) Supply Plan

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>(1) Women to practice F.P. (in 1000)</td>
<td>1,937</td>
<td>2,021</td>
<td>2,106</td>
<td>2,196</td>
<td>2,303</td>
</tr>
</tbody>
</table>
| (2) Practicing rate
  1) Per cent to married women | 45.6 | 46.3 | 46.9 | 47.6 | 48.2 |
  2) Per cent to women who went to practice F.P. | 87.2 | 88.5 | 89.8 | 91.0 | 92.3 |
4) Yearly Targets by Contraceptive Method

<table>
<thead>
<tr>
<th>Contraceptive method</th>
<th>'72-76</th>
<th>Estimates for women practicing F.P.</th>
<th>Practicing rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>875,000</td>
<td>2,303,000</td>
<td>48.2</td>
</tr>
<tr>
<td>Loop</td>
<td>350,000</td>
<td>814,000</td>
<td>17.1</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>25,000</td>
<td>174,000</td>
<td>5.7</td>
</tr>
<tr>
<td>Condom</td>
<td>150,000</td>
<td>150,000</td>
<td>3.1</td>
</tr>
<tr>
<td>Oral pill</td>
<td>350,000</td>
<td>350,000</td>
<td>7.3</td>
</tr>
<tr>
<td>Selp-psid</td>
<td>-</td>
<td>715,000</td>
<td>15.0</td>
</tr>
</tbody>
</table>
3. CHILD AND MATERNAL HEALTH PROGRAM

1) Goals for 1976

a. Increasing the rate of delivery by qualified personnel from 21.6% (in 1969) to 90%.

b. Reducing maternal mortality rate from 9 to 5 per 1,000 live births, and infant mortality rate from 60 to 35.

2) Estimated Demand

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>(1) Estimates live births total</td>
<td>912</td>
<td>859</td>
<td>841</td>
<td>821</td>
<td>799</td>
<td>741</td>
</tr>
<tr>
<td>(2) Estimates for delivery by qualified personnel (with self-psid)</td>
<td>197</td>
<td>244</td>
<td>261</td>
<td>276</td>
<td>284</td>
<td>286</td>
</tr>
<tr>
<td>(3) Other live births for program</td>
<td>715</td>
<td>615</td>
<td>580</td>
<td>545</td>
<td>515</td>
<td>453</td>
</tr>
<tr>
<td>(4) 0-5 ages pop.</td>
<td>5,108</td>
<td>4,775</td>
<td>4,632</td>
<td>4,511</td>
<td>4,413</td>
<td>4,279</td>
</tr>
</tbody>
</table>
3) Supply Plan

a. Midwifery Services

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>(1) Targets (in 1000)</td>
<td>28</td>
<td>240</td>
<td>268</td>
<td>326</td>
<td>360</td>
<td>389</td>
</tr>
<tr>
<td>(2) Per cent to delivery except the self-paid by qualified personnel</td>
<td>3.9</td>
<td>39.0</td>
<td>49.1</td>
<td>59.8</td>
<td>69.9</td>
<td>85.9</td>
</tr>
</tbody>
</table>

b. Infant and Child Health Services

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>(1) Target for services (in 1000)</td>
<td>360</td>
<td>432</td>
<td>489</td>
<td>540</td>
<td>584</td>
</tr>
<tr>
<td>(2) Per cent to 0-5 ages pop.</td>
<td>7.5</td>
<td>9.3</td>
<td>10.6</td>
<td>12.2</td>
<td>13.6</td>
</tr>
</tbody>
</table>
4. TUBERCULOSIS CONTROL PROGRAM

1) Goals for 1976

a. The tuberculosis morbidity to be reduced from 4.5% (in 1969) to 1.7% for all cases.

b. BCG vaccinations to be given to all tuberculin negative population under 20 years old.

c. Tuberculosis treatment to be given to 93.7% of TB cases.

2) Estimated Demand

a. Estimated TB cases (in 1,000)

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</tr>
</thead>
<tbody>
<tr>
<td>(1) TB cases</td>
<td>1,220</td>
<td>1,222</td>
<td>1,192</td>
<td>1,163</td>
<td>1,150</td>
<td>1,110</td>
</tr>
<tr>
<td>(2) TB cases treated with self-paid</td>
<td>72</td>
<td>114</td>
<td>126</td>
<td>139</td>
<td>152</td>
<td>165</td>
</tr>
<tr>
<td>(3) TB cases for Gov't program</td>
<td>1,148</td>
<td>1,108</td>
<td>1,066</td>
<td>1,024</td>
<td>998</td>
<td>945</td>
</tr>
</tbody>
</table>

b. Estimated BCG vaccinations (in 1,000)

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</tr>
</thead>
<tbody>
<tr>
<td>(1) Under 1 year population</td>
<td>865</td>
<td>859</td>
<td>841</td>
<td>621</td>
<td>799</td>
<td>741</td>
</tr>
<tr>
<td>(2) 6 year age population</td>
<td>890</td>
<td>818</td>
<td>779</td>
<td>739</td>
<td>721</td>
<td>710</td>
</tr>
<tr>
<td>(3) Total</td>
<td>1,755</td>
<td>1,777</td>
<td>1,620</td>
<td>1,560</td>
<td>1,520</td>
<td>1,451</td>
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</tbody>
</table>
3) Supply plan

a. Treatments

<table>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment target</td>
<td>251</td>
<td>414</td>
<td>426</td>
<td>489</td>
<td>502</td>
<td>515</td>
</tr>
<tr>
<td>(1) Gov'n't - paid</td>
<td>179</td>
<td>(300)</td>
<td>(300)</td>
<td>(350)</td>
<td>(350)</td>
<td>(350)</td>
</tr>
<tr>
<td>(2) Self-paid</td>
<td>72</td>
<td>114</td>
<td>126</td>
<td>139</td>
<td>152</td>
<td>165</td>
</tr>
</tbody>
</table>

b. Tuberculin Tests and BCG Vaccinations

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>2,023</td>
<td>1,754</td>
<td>1,740</td>
<td>1,725</td>
<td>1,707</td>
<td>1,653</td>
</tr>
</tbody>
</table>
5. ACUTE COMMUNICABLE DISEASE CONTROL PROGRAM

1) Goals for 1976

a. Reducing the incidence of epidemics below the level of public health importance

b. Keeping the country free from the international quarantine epidemics and preventing recurrence of them.

2) Estimated Demand for an Supply of Immunizations

a. Estimated Demand

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Typhoid fever 3 - 60</td>
<td>25200</td>
<td>25700</td>
<td>26200</td>
<td>26700</td>
<td>27200</td>
</tr>
<tr>
<td>Cholera 3 - 60</td>
<td>25200</td>
<td>25700</td>
<td>26200</td>
<td>26700</td>
<td>27200</td>
</tr>
<tr>
<td>Smallpox 1, 6, &amp; 12</td>
<td>2700</td>
<td>2627</td>
<td>2600</td>
<td>2573</td>
<td>2547</td>
</tr>
<tr>
<td>D. P. T 1 and 6</td>
<td>1800</td>
<td>1727</td>
<td>1701</td>
<td>1628</td>
<td>1646</td>
</tr>
<tr>
<td>Encephalitis 2 - 15</td>
<td>11000</td>
<td>10981</td>
<td>10954</td>
<td>10926</td>
<td>10900</td>
</tr>
<tr>
<td>Polio 1 and 6</td>
<td>1800</td>
<td>1727</td>
<td>1700</td>
<td>1673</td>
<td>1646</td>
</tr>
</tbody>
</table>

b. Supply Plan

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Typhoid fever</td>
<td>16000</td>
<td>16000</td>
<td>14000</td>
<td>14000</td>
<td>12000</td>
</tr>
<tr>
<td>Cholera</td>
<td>10080</td>
<td>12850</td>
<td>15720</td>
<td>18690</td>
<td>21400</td>
</tr>
<tr>
<td>Smallpox</td>
<td>2700</td>
<td>2627</td>
<td>2600</td>
<td>2573</td>
<td>2546</td>
</tr>
<tr>
<td>D. P. T.</td>
<td>1140</td>
<td>1382</td>
<td>1531</td>
<td>1465</td>
<td>1646</td>
</tr>
<tr>
<td>Encephalitis</td>
<td>1100</td>
<td>2196</td>
<td>3286</td>
<td>4370</td>
<td>5450</td>
</tr>
<tr>
<td>Polio</td>
<td>1800</td>
<td>1727</td>
<td>1700</td>
<td>1673</td>
<td>1646</td>
</tr>
</tbody>
</table>
3) Estimated Demand for Quarantine Service

a. Estimated Demand by Sea and Air

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Estimates for passengers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>487,349</td>
<td>531,498</td>
<td>575,458</td>
<td>619,796</td>
<td>663,945</td>
</tr>
<tr>
<td>Ships</td>
<td>263,249</td>
<td>282,823</td>
<td>303,208</td>
<td>321,971</td>
<td>341,545</td>
</tr>
<tr>
<td>Airplanes</td>
<td>224,100</td>
<td>248,675</td>
<td>273,250</td>
<td>297,825</td>
<td>322,400</td>
</tr>
<tr>
<td>(2) Estimated for vessels(M/T)</td>
<td>39,896</td>
<td>44,265</td>
<td>48,634</td>
<td>54,003</td>
<td>67,371</td>
</tr>
</tbody>
</table>

b. Percent as 100 of 1969 for Passengers

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>134</td>
<td>147</td>
<td>159</td>
<td>171</td>
<td>183</td>
</tr>
<tr>
<td>(1) Ships</td>
<td>123</td>
<td>132</td>
<td>141</td>
<td>150</td>
<td>159</td>
</tr>
<tr>
<td>(2) Airplanes</td>
<td>152</td>
<td>168</td>
<td>185</td>
<td>202</td>
<td>212</td>
</tr>
</tbody>
</table>
6. PARACITIC DISEASES CONTROL PROGRAM

1) Goals for 1976

   a. Reducing the prevalence rate of ascariasis from 80% (in 1969) to 30% for all population and from 55% (in 1969) to 20% for school population.

2) Estimated Demand and Supply plan

   a. Estimates of Persons with Ascariasis for all Population

   (in 1,000)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Estimates for persons with ascariasis</td>
<td>19,827</td>
<td>19,511</td>
<td>19,159</td>
<td>18,770</td>
<td>18,346</td>
</tr>
<tr>
<td>(2) Yearly estimated reductions with program</td>
<td>1,282</td>
<td>1,405</td>
<td>1,620</td>
<td>1,913</td>
<td>2,206</td>
</tr>
<tr>
<td>(Cumulative reductions)</td>
<td>(1,282)</td>
<td>(2,687)</td>
<td>(4,307)</td>
<td>(6,220)</td>
<td>(8,426)</td>
</tr>
<tr>
<td>(3) Estimates for infected &quot;(1) minus cumulative reductions of (2)&quot;</td>
<td>18,245</td>
<td>16,824</td>
<td>14,852</td>
<td>12,550</td>
<td>9,920</td>
</tr>
<tr>
<td>(4) Prevalence rate(%)</td>
<td>56.1</td>
<td>50.0</td>
<td>43.4</td>
<td>36.1</td>
<td>28.1</td>
</tr>
</tbody>
</table>
b. Estimates of persons with ascariasis for school population

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Estimates for persons with ascariasis</td>
<td>5,715</td>
<td>5,774</td>
<td>5,835</td>
<td>5,895</td>
<td>5,956</td>
</tr>
<tr>
<td>(2) Yearly estimated reductions with program</td>
<td>1,152</td>
<td>922</td>
<td>839</td>
<td>652</td>
<td>535</td>
</tr>
<tr>
<td>(cumulative reductions)</td>
<td>(1,152)</td>
<td>(2,074)</td>
<td>(2,913)</td>
<td>(3,565)</td>
<td>(4,100)</td>
</tr>
<tr>
<td>(3) Estimates for infected &quot;(1) minus cumulative reduction of (2)&quot;</td>
<td>4,563</td>
<td>3,700</td>
<td>2,922</td>
<td>2,330</td>
<td>1,856</td>
</tr>
<tr>
<td>(4) Prevalence rate (%)</td>
<td>43.9</td>
<td>35.2</td>
<td>27.5</td>
<td>21.7</td>
<td>17.1</td>
</tr>
</tbody>
</table>

c. Yearly Supply of Parasiticides

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4,451</td>
<td>5,443</td>
<td>6,421</td>
<td>7,381</td>
<td>8,331</td>
</tr>
<tr>
<td>(1) Gov't-paid</td>
<td>4,000</td>
<td>4,000</td>
<td>3,515</td>
<td>2,776</td>
<td>2,214</td>
</tr>
<tr>
<td>(per cent to school population)</td>
<td>(90)</td>
<td>(95)</td>
<td>(95)</td>
<td>(95)</td>
<td>(95)</td>
</tr>
<tr>
<td>(2) Self-paid</td>
<td>451</td>
<td>1,443</td>
<td>2,906</td>
<td>4,605</td>
<td>(6,117)</td>
</tr>
</tbody>
</table>
7. **MENTAL HEALTH PROGRAM**

1) Goals for 1976

   a. Reducing the psychiatric morbidity in immediate need of psychiatric care from 1% (in 1969) to 0.6% for all cases.

   b. Placing the estimated all psychiatric cases under proper medical attention, including institutional care, OPD treatment, and other.

2) **Estimated Psychiatric Cases**

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<thead>
<tr>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(1) Without program</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated cases (in 1,000)</td>
<td>502</td>
<td>555</td>
<td>609</td>
<td>664</td>
<td>719</td>
</tr>
<tr>
<td>Morbidity rate(%)</td>
<td>1.5</td>
<td>1.6</td>
<td>1.8</td>
<td>1.9</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>(2) With Program</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated cases (in 1,000)</td>
<td>479</td>
<td>440</td>
<td>385</td>
<td>314</td>
<td>227</td>
</tr>
<tr>
<td>Morbidity rate(%)</td>
<td>1.4</td>
<td>1.3</td>
<td>1.1</td>
<td>0.9</td>
<td>0.6</td>
</tr>
</tbody>
</table>
3) Supply Plan

a. Targets for Yearly Estimated Reductions

<table>
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<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>23</td>
<td>39</td>
<td>55</td>
<td>71</td>
<td>87</td>
</tr>
<tr>
<td>(1) Treatment In-patient care</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Outpatient care</td>
<td>17</td>
<td>27</td>
<td>38</td>
<td>48</td>
<td>59</td>
</tr>
<tr>
<td>(2) Prevention of new cases</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

b. Yearly Development

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>(cumulative total)</td>
<td>1,500</td>
<td>1,500</td>
<td>1,500</td>
<td>1,500</td>
<td>1,500</td>
</tr>
<tr>
<td>(2) Establishment of new out-patient clinics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(cumulative total)</td>
<td>(2)</td>
<td>(4)</td>
<td>(6)</td>
<td>(8)</td>
<td>(10)</td>
</tr>
<tr>
<td>(3) Supply of psychiatric workers</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>(cumulative total)</td>
<td>(60)</td>
<td>(120)</td>
<td>(180)</td>
<td>(240)</td>
<td>(300)</td>
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</tbody>
</table>
8. PUBLIC NUISANCE CONTROL PROGRAM

1) Goals for 1976

a. Reducing the pollution risk to the permissible level, emphasizing on its prevention

b. Strengthening surveys or, stream and air pollution and developing new technics and devices.

2) Main Factors Affecting Public Nuisance

a. Urbanization of Population

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>47.6</td>
<td>47.8</td>
<td>48.6</td>
<td>49.4</td>
<td>50.2</td>
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</tbody>
</table>

b. Estimated Air Pollutants by Source (in 1,000 M/T/year)

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,686</td>
<td>1,848</td>
<td>2,010</td>
<td>2,168</td>
<td>2,334</td>
</tr>
<tr>
<td>(1) Transportation</td>
<td>4.3</td>
<td>443</td>
<td>493</td>
<td>538</td>
<td>583</td>
</tr>
<tr>
<td>(2) Industry</td>
<td>593</td>
<td>658</td>
<td>723</td>
<td>788</td>
<td>853</td>
</tr>
<tr>
<td>(3) Electricity generation</td>
<td>146</td>
<td>154</td>
<td>162</td>
<td>176</td>
<td>178</td>
</tr>
<tr>
<td>(4) Space heating</td>
<td>544</td>
<td>583</td>
<td>632</td>
<td>672</td>
<td>720</td>
</tr>
<tr>
<td>Percent as 100% of 1969</td>
<td>249</td>
<td>273</td>
<td>296</td>
<td>320</td>
<td>344</td>
</tr>
</tbody>
</table>
3) Present Pollution Status

   a. Air Pollution of SO₂ (in PPM)

<table>
<thead>
<tr>
<th>Area</th>
<th>1965</th>
<th>1967</th>
<th>1969</th>
<th>Permissible level in U.S.A. and Japan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seoul</td>
<td>5.8</td>
<td>43</td>
<td>78</td>
<td>45</td>
</tr>
</tbody>
</table>

   b. Stream Pollution in 1969

<table>
<thead>
<tr>
<th>Area</th>
<th>BOD(mg/l)</th>
<th>COD(mg/l)</th>
<th>coliform group (mpn/ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seoul</td>
<td>23.2</td>
<td>16.0</td>
<td>575,600</td>
</tr>
<tr>
<td>Pusan</td>
<td>253.3</td>
<td>45.5</td>
<td>16,000</td>
</tr>
<tr>
<td>Chuncheon</td>
<td>-</td>
<td>3.2</td>
<td>540</td>
</tr>
<tr>
<td>Chung Ju</td>
<td>132</td>
<td>-</td>
<td>10,000</td>
</tr>
<tr>
<td>Kwang Ju</td>
<td>18.5</td>
<td>-</td>
<td>10,400</td>
</tr>
</tbody>
</table>
9. SAFE WATER SUPPLY FOR RURAL AREA

1) Goals for 1976

a. Improving safe water supply from 1.1% (in 1969) to 65% of population without piped water

2) Estimated Population by Source of Water Supply

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>33,645</td>
<td>33,640</td>
<td>34,212</td>
<td>34,760</td>
<td>35,261</td>
</tr>
<tr>
<td>(1) Urban area</td>
<td>15,531</td>
<td>16,080</td>
<td>16,627</td>
<td>17,171</td>
<td>17,716</td>
</tr>
<tr>
<td>(1) Running water</td>
<td>9,914</td>
<td>11,774</td>
<td>13,635</td>
<td>15,642</td>
<td>17,641</td>
</tr>
<tr>
<td>(2) Wells</td>
<td>5,617</td>
<td>4,366</td>
<td>2,942</td>
<td>1,529</td>
<td>75</td>
</tr>
<tr>
<td>(2) Rural area</td>
<td>17,514</td>
<td>17,560</td>
<td>17,585</td>
<td>17,589</td>
<td>17,565</td>
</tr>
<tr>
<td>(1) Small-size water supply system</td>
<td>367</td>
<td>369</td>
<td>370</td>
<td>372</td>
<td>373</td>
</tr>
<tr>
<td>(2) Wells and others</td>
<td>17,147</td>
<td>17,191</td>
<td>17,215</td>
<td>17,217</td>
<td>17,192</td>
</tr>
<tr>
<td>(3) Population served by wells and surface water</td>
<td>22,764</td>
<td>21,497</td>
<td>20,157</td>
<td>18,746</td>
<td>17,265</td>
</tr>
</tbody>
</table>
3) Supply Plan

a. Target for 1976

<table>
<thead>
<tr>
<th></th>
<th>No. of installations or population to be served</th>
<th>Coverage(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population to be served by program</td>
<td>11,400,000</td>
<td>54.6</td>
</tr>
<tr>
<td>(1) No. of simple water supply installations (population served by them)</td>
<td>4,853 (8,623,000)</td>
<td>50.0</td>
</tr>
<tr>
<td>(2) Construction of public wells (population served by them)</td>
<td>13,760 (1,100,000)</td>
<td>6.2</td>
</tr>
<tr>
<td>(3) No. of private wells to be controlled their water quality (population served by them)</td>
<td>13,460 (1,477,000)</td>
<td>8.4</td>
</tr>
</tbody>
</table>

b. Yearly Development

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Construction of simple water supply installments (cumulative total)</td>
<td>914</td>
<td>914</td>
<td>914</td>
<td>914</td>
<td>916</td>
</tr>
<tr>
<td></td>
<td>(1,195)</td>
<td>(2,109)</td>
<td>(3,023)</td>
<td>(2,937)</td>
<td>(4,853)</td>
</tr>
<tr>
<td>(2) Construction of Public wells (cumulative total)</td>
<td>2,752</td>
<td>2,752</td>
<td>2,752</td>
<td>2,752</td>
<td>2,752</td>
</tr>
<tr>
<td></td>
<td>(2,752)</td>
<td>(5,504)</td>
<td>(8,256)</td>
<td>(11,003)</td>
<td>(13,760)</td>
</tr>
<tr>
<td>(3) Private wells to be controlled their water quality</td>
<td>13,460</td>
<td>13,460</td>
<td>13,460</td>
<td>13,460</td>
<td>13,460</td>
</tr>
</tbody>
</table>
10. NIGHTSOIL DISPOSAL PROGRAM

1) Goals for 1976
   a. Improving sanitary treatment of nightsoil to 100% for urban and 50% for rural.
   b. Improving sanitary treatment of urban drainage to 20%.

2) Estimated Demand for Nightsoil Disposal

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Whole country</td>
<td>39,654</td>
<td>40,363</td>
<td>41,054</td>
<td>41,712</td>
<td>42,334</td>
</tr>
<tr>
<td>2. Urban</td>
<td>12,637</td>
<td>19,296</td>
<td>19,952</td>
<td>20,605</td>
<td>21,256</td>
</tr>
<tr>
<td>(1) Sanitary treat-</td>
<td>3,356</td>
<td>3,473</td>
<td>3,591</td>
<td>3,709</td>
<td>3,827</td>
</tr>
<tr>
<td>ments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Natural losses</td>
<td>3,726</td>
<td>3,859</td>
<td>3,991</td>
<td>4,121</td>
<td>4,351</td>
</tr>
<tr>
<td>(3) Unsanitary treat-</td>
<td>11,555</td>
<td>11,964</td>
<td>12,370</td>
<td>12,775</td>
<td>13,181</td>
</tr>
<tr>
<td>ments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Rural</td>
<td>21,071</td>
<td>21,072</td>
<td>21,102</td>
<td>21,137</td>
<td>21,076</td>
</tr>
<tr>
<td>(1) Natural losses</td>
<td>4,203</td>
<td>4,214</td>
<td>4,220</td>
<td>4,221</td>
<td>4,216</td>
</tr>
<tr>
<td>(2) Unsanitary treat-</td>
<td>16,814</td>
<td>16,858</td>
<td>16,882</td>
<td>16,856</td>
<td>16,862</td>
</tr>
<tr>
<td>ments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Unsanitary treat-</td>
<td>28,365</td>
<td>28,622</td>
<td>29,252</td>
<td>29,651</td>
<td>30,043</td>
</tr>
<tr>
<td>ments total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) Urban</td>
<td>11,555</td>
<td>11,964</td>
<td>12,370</td>
<td>12,775</td>
<td>13,181</td>
</tr>
<tr>
<td>(2) Rural</td>
<td>16,814</td>
<td>16,858</td>
<td>16,882</td>
<td>16,886</td>
<td>16,862</td>
</tr>
</tbody>
</table>
11. STRENGTHENING FUNCTIONS OF HEALTH CENTER WITH SUB-CENTERS

1) Goals for 1976

a. Strengthening functions of the national health network enough to provide comprehensive health services for improvement of community health.

2) Estimated Demand

A. For Health Centers
   a. Qualified Trained Personnel

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Health Center by Area Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Gun</td>
</tr>
<tr>
<td>Total</td>
<td>6,394</td>
<td>4,262</td>
</tr>
<tr>
<td>Dentists</td>
<td>192</td>
<td>140</td>
</tr>
<tr>
<td>Physicians</td>
<td>449</td>
<td>296</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>230</td>
<td>140</td>
</tr>
<tr>
<td>Chief nurses</td>
<td>192</td>
<td>140</td>
</tr>
<tr>
<td>Nurses</td>
<td>1,448</td>
<td>948</td>
</tr>
<tr>
<td>Sanitary inspectors</td>
<td>1,199</td>
<td>754</td>
</tr>
<tr>
<td>Laboratory technicians</td>
<td>248</td>
<td>158</td>
</tr>
<tr>
<td>X-ray technicians</td>
<td>248</td>
<td>158</td>
</tr>
<tr>
<td>TB workers</td>
<td>248</td>
<td>158</td>
</tr>
<tr>
<td>Medical inspectors</td>
<td>248</td>
<td>158</td>
</tr>
<tr>
<td>Clerks</td>
<td>673</td>
<td>456</td>
</tr>
<tr>
<td>Drivers</td>
<td>431</td>
<td>198</td>
</tr>
<tr>
<td>Others</td>
<td>688</td>
<td>456</td>
</tr>
</tbody>
</table>
### b. Medical Equipments

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) X-ray units</td>
<td>216</td>
<td>48</td>
<td>90</td>
<td>132</td>
<td>174</td>
<td>216</td>
</tr>
<tr>
<td>(2) Refrigerators</td>
<td>436</td>
<td>268</td>
<td>310</td>
<td>352</td>
<td>394</td>
<td>435</td>
</tr>
<tr>
<td>(3) Laboratory sets</td>
<td>4,900</td>
<td>2,243</td>
<td>3,021</td>
<td>3,564</td>
<td>4,237</td>
<td>4,900</td>
</tr>
<tr>
<td>including microscope</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) Cars</td>
<td>214</td>
<td>50</td>
<td>94</td>
<td>134</td>
<td>174</td>
<td>214</td>
</tr>
<tr>
<td>Ambulances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeeps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) Projectors</td>
<td>408</td>
<td>88</td>
<td>168</td>
<td>248</td>
<td>328</td>
<td>408</td>
</tr>
</tbody>
</table>

### c. Space of Health Center's Building

<table>
<thead>
<tr>
<th>Area</th>
<th>Space standard per center (in m²)</th>
<th>No. of Centers</th>
<th>Total demand (in m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td>192</td>
<td>32,600</td>
</tr>
<tr>
<td>(1) Large city</td>
<td>250</td>
<td>24</td>
<td>6,000</td>
</tr>
<tr>
<td>(2) Small city</td>
<td>200</td>
<td>28</td>
<td>5,600</td>
</tr>
<tr>
<td>(3) Rural</td>
<td>150</td>
<td>140</td>
<td>21,000</td>
</tr>
</tbody>
</table>
B. For Sub-health Center

a. Health Personnel

<table>
<thead>
<tr>
<th></th>
<th>Demand per sub-center</th>
<th>Total demand</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>5</td>
<td>6,710</td>
</tr>
<tr>
<td>Midwife or nurse</td>
<td>1</td>
<td>1,342</td>
</tr>
<tr>
<td>Nurse aid</td>
<td>2</td>
<td>2,684</td>
</tr>
<tr>
<td>Sanitary worker</td>
<td>1</td>
<td>1,342</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1,342</td>
</tr>
</tbody>
</table>

b. Medical Equipments

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Refrigerators</td>
<td>1,342</td>
<td>922</td>
<td>1,342</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>(2) Sub-center sets</td>
<td>1,342</td>
<td>822</td>
<td>1,342</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>(3) Simple laboratory sets</td>
<td>1,342</td>
<td>270</td>
<td>538</td>
<td>606</td>
<td>1,074</td>
<td>1,342</td>
</tr>
<tr>
<td>(4) Sterilizers</td>
<td>1,342</td>
<td>270</td>
<td>538</td>
<td>606</td>
<td>1,074</td>
<td>1,342</td>
</tr>
<tr>
<td>(5) Sphygmometers</td>
<td>1,342</td>
<td>270</td>
<td>538</td>
<td>606</td>
<td>1,074</td>
<td>1,342</td>
</tr>
<tr>
<td>(6) Medical office sets</td>
<td>1,342</td>
<td>971</td>
<td>1,342</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
12. **CONSTRUCTION OF NEW HOSPITAL (BEDS)**

1) **Goals for 1976**

   a. Improving patient days in hospital per capita /year from 0.1 day (in 1967) to 0.2 days for all population.

   b. Constructing ten new national hospitals with 2,000 beds.

2) **Estimated Demand**

   a. **Hospital Beds**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>20,696</td>
<td>22,042</td>
<td>22,308</td>
<td>24,734</td>
<td>26,181</td>
</tr>
<tr>
<td>Public</td>
<td>8,134</td>
<td>8,585</td>
<td>8,996</td>
<td>9,387</td>
<td>9,783</td>
</tr>
<tr>
<td>Private</td>
<td>13,562</td>
<td>13,457</td>
<td>14,402</td>
<td>15,347</td>
<td>16,392</td>
</tr>
</tbody>
</table>

   b. **Patient Days in Hospital per Capita /year**

   (in days)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.144</td>
<td>0.152</td>
<td>0.160</td>
<td>0.163</td>
<td>0.177</td>
<td></td>
</tr>
</tbody>
</table>

3) **Supply Plan**

   a. **Construction of National Hospital Beds**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) New beds</td>
<td>400</td>
<td>400</td>
<td>400</td>
<td>400</td>
<td>400</td>
</tr>
<tr>
<td>(2) Cumulative</td>
<td>(400)</td>
<td>(800)</td>
<td>(1,200)</td>
<td>(1,600)</td>
<td>(2,000)</td>
</tr>
</tbody>
</table>
13. LIVING PROTECTION PROGRAM

1) Goals for 1976

a. All persons requiring protection 1.36% of total population should be relieved.

b. The reasonable level for living protection should be guaranteed.

2) Demand Forecasting

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>31,793</td>
<td>32,429</td>
<td>33,045</td>
<td>33,640</td>
<td>34,212</td>
<td>34,760</td>
<td>35,261</td>
</tr>
<tr>
<td>Persons to be protected</td>
<td>432.3</td>
<td>441.0</td>
<td>449.4</td>
<td>457.5</td>
<td>465.3</td>
<td>472.7</td>
<td>479.8</td>
</tr>
<tr>
<td>% to total populations</td>
<td>1.36</td>
<td>1.36</td>
<td>1.36</td>
<td>1.36</td>
<td>1.36</td>
<td>1.36</td>
<td>1.36</td>
</tr>
</tbody>
</table>

3) Living Protection Projects

a. Yearly Development

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons to be protected (in thousand)</td>
<td>283.0</td>
<td>424.0</td>
<td>449.4</td>
<td>457.5</td>
<td>465.3</td>
<td>472.7</td>
<td>479.8</td>
</tr>
<tr>
<td>Level of protection per capita per year (won)</td>
<td>3,591</td>
<td>3,995</td>
<td>6,838</td>
<td>11,325</td>
<td>15,200</td>
<td>16,610</td>
<td>20,595</td>
</tr>
<tr>
<td>Requirements (million won)</td>
<td>101,521</td>
<td>165,571</td>
<td>397,458</td>
<td>516,12</td>
<td>725,60</td>
<td>785,15</td>
<td>983,15</td>
</tr>
</tbody>
</table>
b. Estimated Basis for the Level of Living Protection

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>3591</td>
<td>3905</td>
<td>6338</td>
<td>11325</td>
<td>15200</td>
<td>16610</td>
<td>20595</td>
</tr>
<tr>
<td>Cereals</td>
<td>100</td>
<td>3148</td>
<td>3148</td>
<td>4480</td>
<td>4408</td>
<td>5937</td>
<td>5937</td>
</tr>
<tr>
<td>Funeral</td>
<td>20/1,000</td>
<td>60</td>
<td>60</td>
<td>60</td>
<td>70</td>
<td>70</td>
<td>80</td>
</tr>
<tr>
<td>Medical care</td>
<td>31/1,000</td>
<td>383</td>
<td>697</td>
<td>698</td>
<td>697</td>
<td>1,248</td>
<td>1,248</td>
</tr>
<tr>
<td>Out Patient</td>
<td>17/1,000</td>
<td>164</td>
<td>495</td>
<td>405</td>
<td>405</td>
<td>810</td>
<td>810</td>
</tr>
<tr>
<td>Patient</td>
<td>17/1,000</td>
<td>(20won)</td>
<td>(50won)</td>
<td>(100won)</td>
<td>(150won)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Patient</td>
<td>4/1,000</td>
<td>(160won)</td>
<td>(200won)</td>
<td>(300won)</td>
<td>(400won)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsidiary food</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td>3660</td>
<td>3660</td>
<td>4745</td>
<td>4745</td>
</tr>
<tr>
<td>Clothing</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td>2500</td>
<td>2500</td>
<td>3000</td>
<td>3000</td>
</tr>
<tr>
<td>Fuel and light</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td>1600</td>
<td>1600</td>
<td>2000</td>
<td>2000</td>
</tr>
<tr>
<td>Housing</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td>900</td>
<td>900</td>
<td>900</td>
<td>900</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

-59-
14. INSTITUTIONAL CARE PROGRAM

1) Goals for 1976

a. The adequate level of relief for the persons in the welfare institution should be realized.

b. The jobs should be provided to the possible labor force by vocational training.

2) Demand Forecasting

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Demand</td>
<td>54.9</td>
<td>50.2</td>
<td>47.0</td>
<td>46.2</td>
<td>46.2</td>
<td>244.5</td>
</tr>
<tr>
<td>Children and women</td>
<td>50.2</td>
<td>45.4</td>
<td>42.1</td>
<td>41.3</td>
<td>41.1</td>
<td>280.1</td>
</tr>
<tr>
<td>The old aged, adults and handicapped</td>
<td>4.7</td>
<td>4.0</td>
<td>4.9</td>
<td>4.9</td>
<td>5.1</td>
<td>24.4</td>
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</table>
3) Protection Projects

a. Yearly Development

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</tr>
</thead>
<tbody>
<tr>
<td>Children, women</td>
<td>61.7</td>
<td>50.2</td>
<td>45.4</td>
<td>42.1</td>
<td>41.3</td>
<td>41.1</td>
<td>220.1</td>
</tr>
<tr>
<td>The old aged, adults, handicapped</td>
<td>-4.6</td>
<td>4.7</td>
<td>4.8</td>
<td>4.9</td>
<td>5.1</td>
<td>24.4</td>
<td></td>
</tr>
<tr>
<td>Relief level per capita (per year won)</td>
<td>12,01</td>
<td>13,998</td>
<td>13,998</td>
<td>16,104</td>
<td>16,104</td>
<td>20,444</td>
<td>-</td>
</tr>
<tr>
<td>The old aged, adults, handicapped</td>
<td>14,388</td>
<td>18,006</td>
<td>18,627</td>
<td>21,261</td>
<td>21,901</td>
<td>26,062</td>
<td>-</td>
</tr>
<tr>
<td>Requirements (million won)</td>
<td>7,470</td>
<td>7,027</td>
<td>6,355</td>
<td>6,779</td>
<td>6,650</td>
<td>8,402</td>
<td>3,5213</td>
</tr>
<tr>
<td>The old aged, adults, handicapped</td>
<td>657</td>
<td>846</td>
<td>894</td>
<td>1,041</td>
<td>1,073</td>
<td>1,370</td>
<td>5,224</td>
</tr>
<tr>
<td>Total</td>
<td>8,127</td>
<td>7,873</td>
<td>7,249</td>
<td>7,820</td>
<td>7,723</td>
<td>9,722</td>
<td>49,437</td>
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</table>
b. The Estimation Basis for Institutional Care

<table>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Women, children, infant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The old aged, adults, handicapped</td>
<td>13,990</td>
<td>13,990</td>
<td>16,104</td>
<td>21,901</td>
<td>20,444</td>
</tr>
<tr>
<td>Women, children, infant</td>
<td>10,348</td>
<td>10,348</td>
<td>11,724</td>
<td>14,969</td>
<td>14,969</td>
</tr>
<tr>
<td>Subsidiary food</td>
<td>100</td>
<td>3,650</td>
<td>3,650</td>
<td>4,300</td>
<td>5,475</td>
</tr>
<tr>
<td>Clothing</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td>3,000</td>
<td>-</td>
</tr>
<tr>
<td>Fuel and light</td>
<td>20</td>
<td>-</td>
<td>4,340</td>
<td>4,040</td>
<td>4,040</td>
</tr>
<tr>
<td>Medical care</td>
<td>100</td>
<td>-</td>
<td>600</td>
<td>750</td>
<td>-</td>
</tr>
<tr>
<td>Funeral</td>
<td>-</td>
<td>3,500</td>
<td>3,500</td>
<td>4,000</td>
<td>4,500</td>
</tr>
<tr>
<td>(16/100)</td>
<td>(16/100)</td>
<td>(14/100)</td>
<td>(12/100)</td>
<td>(10/100)</td>
<td></td>
</tr>
</tbody>
</table>
15. **CHILD WELFARE PROGRAM**

1) Goals for 1976

   a. The children in the children welfare institutions should be decreased to less than 51% of total.

   b. More than 20% of children requiring protection should be led into the right path through the various measures for the corrective guides.

2) Demand Forecasting

   a. Estimated children (6-18 ages)

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>11,188,400</td>
<td>11,246,700</td>
<td>11,507,300</td>
<td>11,568,200</td>
<td>11,727,000</td>
</tr>
<tr>
<td>General</td>
<td>10,368,155</td>
<td>10,460,940</td>
<td>10,533,552</td>
<td>10,678,941</td>
<td>10,826,295</td>
</tr>
<tr>
<td>Juveniles</td>
<td>832,235</td>
<td>846,760</td>
<td>873,748</td>
<td>897,259</td>
<td>909,705</td>
</tr>
<tr>
<td>to be protected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Abandoned</td>
<td>5,663</td>
<td>3,754</td>
<td>3,183</td>
<td>2,612</td>
<td>2,041</td>
</tr>
<tr>
<td>Vagrant</td>
<td>20,079</td>
<td>19,830</td>
<td>19,674</td>
<td>19,512</td>
<td>19,353</td>
</tr>
<tr>
<td>Delinquent</td>
<td>87,487</td>
<td>89,599</td>
<td>93,253</td>
<td>96,907</td>
<td>103,516</td>
</tr>
<tr>
<td>Nursery</td>
<td>34,467</td>
<td>58,915</td>
<td>27,305</td>
<td>75,695</td>
<td>84,085</td>
</tr>
<tr>
<td>Dropped out of school</td>
<td>615,481</td>
<td>501,744</td>
<td>579,386</td>
<td>600,061</td>
<td>612,904</td>
</tr>
<tr>
<td>Foster care</td>
<td>14,687</td>
<td>13,176</td>
<td>12,355</td>
<td>12,554</td>
<td>12,743</td>
</tr>
</tbody>
</table>
16. WOMEN WELFARE PROGRAM

1) Goals for 1976

Opportunities for job training and guidance must be provided to more than 50% of the less fortunate women.

2) Demand Forecasting

a. Poor Women to be Protected

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>118,550</td>
<td>117,930</td>
<td>117,302</td>
<td>116,674</td>
<td>116,046</td>
</tr>
<tr>
<td>Poor women</td>
<td>102,365</td>
<td>102,723</td>
<td>103,061</td>
<td>103,439</td>
<td>103,797</td>
</tr>
<tr>
<td>Fallen women</td>
<td>16,193</td>
<td>15,207</td>
<td>14,221</td>
<td>13,235</td>
<td>12,259</td>
</tr>
</tbody>
</table>
3) Capacity Estimates for Poor Women's Institutions

a. Women Guidance Institutions

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutions</td>
<td>51</td>
<td>56</td>
<td>60</td>
<td>65</td>
<td>70</td>
</tr>
<tr>
<td>Admitted</td>
<td>9,403</td>
<td>10,272</td>
<td>11,141</td>
<td>12,010</td>
<td>12,879</td>
</tr>
<tr>
<td>Discharged</td>
<td>8,631</td>
<td>9,377</td>
<td>10,123</td>
<td>10,969</td>
<td>11,615</td>
</tr>
<tr>
<td>Inmates</td>
<td>2,628</td>
<td>2,762</td>
<td>2,892</td>
<td>3,030</td>
<td>3,164</td>
</tr>
<tr>
<td>Self-supported</td>
<td>2,668</td>
<td>2,901</td>
<td>3,134</td>
<td>3,367</td>
<td>3,600</td>
</tr>
<tr>
<td>Transferred</td>
<td>5,101</td>
<td>5,616</td>
<td>6,111</td>
<td>6,616</td>
<td>7,121</td>
</tr>
<tr>
<td>Others</td>
<td>362</td>
<td>870</td>
<td>879</td>
<td>886</td>
<td>894</td>
</tr>
</tbody>
</table>
17. MEDICAL INSURANCE

1) Goals for 1976

a. Beneficiaries of medical insurance will be the wage earners of enterprises with more than 50 employees, all military personnel in career, and all public servants.

b. The beneficiaries ratio of total population will be 17%.

2) Demand Forecasting

a. Estimates of the Insured by Occupation

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total populations (in 1,000)</td>
<td>32,429</td>
<td>33,045</td>
<td>33,640</td>
<td>34,212</td>
<td>34,700</td>
<td>35,281</td>
</tr>
<tr>
<td>Wage earners (undertakings with 50 persons and over)</td>
<td>684,993</td>
<td>778,240</td>
<td>886,221</td>
<td>1,011,291</td>
<td>1,156,21</td>
<td>1,324,107</td>
</tr>
<tr>
<td>Career soldiers (higher than the rank of sergeant)</td>
<td>115,000</td>
<td>115,000</td>
<td>115,000</td>
<td>115,000</td>
<td>115,000</td>
<td>115,000</td>
</tr>
<tr>
<td>Government employees</td>
<td>445,345</td>
<td>467,113</td>
<td>488,981</td>
<td>510,649</td>
<td>532,717</td>
<td>554,505</td>
</tr>
<tr>
<td>Totals</td>
<td>1,245,238</td>
<td>1,360,353</td>
<td>1,490,202</td>
<td>1,637,140</td>
<td>1,763,938</td>
<td>1,993,692</td>
</tr>
</tbody>
</table>
18. **OLD AGE INSURANCE**

1. **Goals for 1976**
   
a. Beneficiaries of old age insurance will be the wage earners of enterprises with more than 50 employees between 20-59 years old.

b. The level of the beneficiaries to be will 7.18% of total population.

2. **Demand Forecasting**
   
a. **Estimates of the Insured**

<table>
<thead>
<tr>
<th>Total to be covered</th>
<th>Second five year plan (in 1971)</th>
<th>Third five year plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,984,674</td>
<td>13,442,223</td>
<td>13,999,723</td>
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<tr>
<td>575,394</td>
<td>653,722</td>
<td>744,426</td>
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</table>

3. **Projects**


<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Insured</td>
<td>1,190</td>
<td>1,359</td>
<td>1,240</td>
<td>4,990</td>
</tr>
<tr>
<td>Dependent families</td>
<td>4,678</td>
<td>5,573</td>
<td>5,172</td>
<td>19,849</td>
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</tbody>
</table>
b. Targets for Supply by Year

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wage earners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>persons</td>
<td>142,876</td>
<td>280,512</td>
<td>722,151</td>
<td>1,112,91</td>
<td>1,156,221</td>
<td>1,324,107</td>
</tr>
<tr>
<td>scale</td>
<td>1,000</td>
<td>500</td>
<td>100</td>
<td>50</td>
<td>&quot;</td>
<td>&quot;</td>
</tr>
<tr>
<td>Career Soldiers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>persons</td>
<td>115,000</td>
<td>115,000</td>
<td>115,000</td>
<td>293,241</td>
<td>*305,241</td>
<td>+24,934</td>
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<tr>
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<td></td>
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<td></td>
<td></td>
<td>5,545,85</td>
</tr>
<tr>
<td>Government employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>central and local educational administration, police and others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>143,876</td>
<td>280,512</td>
<td>722,151</td>
<td>1,124,291</td>
<td>1,554,962</td>
<td>1,993,692</td>
</tr>
<tr>
<td>Total population (in 1,000)</td>
<td>32,429</td>
<td>33,045</td>
<td>33,640</td>
<td>34,212</td>
<td>34,700</td>
<td>35,281</td>
</tr>
<tr>
<td>Insured</td>
<td>434,343</td>
<td>452,756</td>
<td>219,5339</td>
<td>342,925</td>
<td>472,5565</td>
<td>696,924</td>
</tr>
<tr>
<td>Beneficiaries ratio (%)</td>
<td>1.3</td>
<td>2.6</td>
<td>6.5</td>
<td>10</td>
<td>14</td>
<td>17</td>
</tr>
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</table>
3. Supply projects

a. Supply Targets by Year

<table>
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<tr>
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<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees to be covered</td>
<td>136068</td>
<td>154459</td>
<td>304979</td>
<td>792535</td>
<td>1112250</td>
</tr>
<tr>
<td>scale</td>
<td></td>
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</tr>
<tr>
<td>1000 employees and over</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>500 employees and over</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 employees and over</td>
<td>13442233</td>
<td>13693723</td>
<td>14357323</td>
<td>14614972</td>
<td>15274422</td>
</tr>
<tr>
<td>Total persons to be covered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate of the insured(%)</td>
<td>1.01</td>
<td>1.11</td>
<td>2.12</td>
<td>5.35</td>
<td>7.28</td>
</tr>
</tbody>
</table>