

Reforms Implemented in The Medical and Healthcare System of Uzbekistan In the Early Years of Independence: Problems and Achievements (In the Example of Jizakh Region)



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Abstract: This article examines the implementation of health care reform measures in the first years of independence in the Jizzakh region, focusing on hospitals located in several regional districts. It also analyzes the potential of doctors, nurses, and pharmacists, who are the guardians of health care, the role of women working in the system, the level of training of health care institutions, and the current problems and achievements in the field.

Keywords: Measures to reform the healthcare system, medical institutions, problems in the healthcare system, doctors, nurses, female doctors, rural medical stations, family clinics, material and technical base of medical institutions, medical equipment, medicines, gynecology, obstetrics, pediatrics, FAP (paramedic-obstetric stations).

Introduction: From the first years of independence, within the framework of the implementation of measures to reform the healthcare system in our Republic, specific work began to be carried out to form a modern system of providing medical care to the population, and despite a difficult period, certain results were achieved. In particular, the system of providing primary medical and sanitary care was improved by initially organizing rural medical stations, urban and rural family polyclinics, and the population's access to these services was expanded. A single centralized system of providing emergency medical care was created, and the network of republican specialized scientific and practical medical centers providing medical care to citizens, including on the ground, was improved.

A number of targeted national programs have been implemented to strengthen the reproductive health of the population and protect motherhood and childhood. The establishment of republican and regional screening centers to prevent children from

being born with hereditary and congenital diseases was the beginning of positive achievements [1].

So, how was the implementation of measures to reform the healthcare system ensured within the Jizzakh region in the first years of independence? How did it proceed at the level of districts? What was the level of capacity of doctors, nurses, and pharmacists who were the guardians of healthcare? What was the position of women working in this system? What was the level of training of medical institutions? What were the existing problems in the field? Who were the winners?

According to statistical analyses, in 1991, more than 2,500 doctors and pharmacists with higher education and about 6,800 middle-level medical workers worked effectively in the health care institutions of our region. Of these, 6 are health care workers who have rendered service in the Republic, 14 are candidates of medical sciences, and more than 700 category doctors have devoted all their knowledge and skills to the cause of human health[2,3-b].

Also, in 1991, there were 3 medical schools in the region, which trained more than 1,000 mid-level medical workers for healthcare institutions. More than 700 doctors improved their skills in higher medical institutions in Moscow, Leningrad, Kazan, Kharkov, Tashkent, Samarkand and other cities [3, *ibid.*].

Sources show that the achievements in maintaining public health in hospitals, not only in our region, but also throughout the Republic, since independence, have led to a decrease in various diseases due to the improvement of the quality of medical care provided to the population, the increase in the number of beds in existing hospitals, and the re-equipment with modern equipment.

the implementation of measures to reform the healthcare system in terms of the activities of the Jizzakh regional hospital and district hospitals located in several districts.

We can see from the sources that by 1991, the Jizzakh Regional Hospital team had achieved a number of successes in providing qualified medical services to the population. For example, a department for treating voice diseases equipped with modern equipment was opened at the “Maslahat” polyclinic under the Regional Hospital, which began to show good results from the very first day. Olya Eshtokhtarova, an actress of the regional theater, noted the following in an interview with the correspondent of the “Jizzakh Haqiqati” newspaper:

“A pleasant voice is of primary importance for artists. It is clear that no one likes a song sung in a hoarse voice. The opening of the “voice disease treatment room”, which was opened at the initiative of the experienced doctor Halima Karimova, head of the ear, throat and nose department of the regional hospital, was especially important for us artists. Here, every day from eight o'clock, the attending physician Ergash Otaboyev receives patients and helps them recover from their ailments” [4,4-b].

There are also problems in the regional hospital, and the chief physician of the regional hospital, E. Ermatov (chief physician of the Jizzakh regional hospital since 1991), spoke about the following in terms of ways to eliminate them and plans to be implemented in the future. In particular, the existing problems:

- low number of seats,
- lack of modern medical equipment,
- most of the staff do not have sufficient qualifications,
- he acknowledged that the equipment is outdated, and therefore there are difficulties in diagnosing some diseases, which in turn has caused various objections among patients [5,3-b].

" Our thirteenth five-year plans reflect the work we will do to solve the above problems," writes E. Ermatov. According to specific measures:

- Construction of an additional 120-bed medical facility, increasing the number of beds to 825,

- establishment of departments for treating patients with anemia and chronic kidney disease, as well as vascular diseases, which were not previously established in our region,

- specialized medical care types amounted to 28 types until 1991, and will be increased to 35 types in the future,

- retraining 20-25% of doctors every year,

- Training 2 neurologists and 2 hematologists to implement new methods of vascular surgery,

- provide close assistance to district hospital staff,

- implementing measures to teach other hospital specialists the procedures used at the regional hospital,

Sources indicate that these plans and measures were later put into practice [6, *ibid.*].

In turn, although the problems mentioned are also observed in the districts of Jizzakh region, we can see that effective progress has also been made. For example, in 1982, a 3-story hospital with 105 beds and a polyclinic with a capacity of 250 patients was put into operation in Uchtepa, the center of Jizzakh district (now Sharof Rashidov district), and initially doctors such as T. Boboyev, Sh. Sultanov, Sh. Yusupov worked in their specialties.

By 1991, many hospitals and pharmacies were also established in state farms in this district. In particular, there were 4 hospitals with 315 beds, 10 doctors, 4 paramedics, an outpatient clinic, a pharmacy and its departments, and a sanitary service. In these medical institutions, headed by A. Ahmedov, 61 doctors, 254 nurses and pharmacists were in the service of the people [7,2-b]. With the commissioning of a modern medical facility for its time with 235 beds, completed in 1989, medical services to the population were further improved. At that time, the hospital had internal diseases, obstetrics and gynecology departments, and a polyclinic for 100 patients. The hospital expanded year by year, and in March 1991, an 80-bed neurological department was opened for patients with cerebral circulation disorders. This department played an important role in protecting the health of the population. Patients with neurological diseases used physiotherapy treatments. All conditions were created for this. From this year, a 6-bed intensive care unit was also established in order to constantly monitor seriously ill patients and provide timely modern medical services. The work of qualified first-class

doctors T. Odiljonov, B. Bakayeva, T. Poldoshev, and nurses M. Hoshimova, R. Hasanova, and Kh. Toshkulova in the rapid recovery of patients' health is commendable [8,3-b].

The first medical institution in the Du'stlik district, founded in 1970, was opened as a medical center in one of the rooms of the houses under construction, simultaneously with the construction of the district center. It was headed by a doctor-paramedic Natalya Pavlova. In 1971, an outpatient clinic was opened in a residential building, and by the end of the same year, a 75-bed hospital and a pharmacy were opened, and an "Ambulance" vehicle was put into operation. Doctors such as M. Segizboyeva, Kh. Vahobov, O. Jorgatayev, and V. Mayelocha gained popularity among the people in the hospital [9,2-b]. Gradually, medical networks were formed throughout the district. In particular, by 1980, a new 4-story hospital building with 240 beds was put into operation together with a polyclinic, where doctors such as Yakshiliq Baratov, Rahmonkul Suvonkulov, and Ravshanov headed the hospital departments.

In 1991, the district's medical institutions had 570 people (some sources state 520 people. Source: Sunnat Qosimov. Development of medical services in Qoriq // Jizzakh reality, 21.12.1991, No. 94 (2901), 2-b) and 700 people could be treated on an outpatient basis [10.5-b]. There were 3 hospitals, 17 outpatient clinics, 2 paramedic medical stations, a pharmacy and its departments, and a sanitary service [11.2-b]. The hospital was staffed by 117 doctors [12, *ibid.*] (some sources say 93 doctors. Source: Jurakulov.M. Health guards // Jizzakh truth, 22.06.1991, No. 75 (2882), 5-b), 321 nurses [13, *ibid.*] (some sources say 340 nurses. Source: Jurakulov.M. Health guards // Jizzakh truth, 22.06.1991, No. 75 (2882), 5-b) and pharmacists. 38 doctors [14, 5-b] and 24 nurses [15, *ibid.*] were first-class physicians.

Of course, where highly qualified doctors and nurses work, the quality of public health care is also high. For example, we can see from the statistical data that by 1993 the number of infectious diseases in the district had decreased by half, and the number of child deaths had decreased by the same amount. The therapist Gulchehra Saidahmedova and the senior nurse of the children's hospital Shohsanam Muminova also made a worthy contribution to achieving such achievements [16, *ibid.*]. These two medical workers had a high rank among the people due to the conscientious performance of their duties. They often spent their free time among the population, giving advice on medicine and the prevention of various diseases. According to the results of our analysis, women played a significant role in the effective organization of the district's health

care system. Our female doctors who have held leadership positions have made their worthy contribution to the proper formation of the triad, despite the subtleties of the management field.

But there was one truth. It is true that since the first years of independence, serious reforms have been carried out in the field of healthcare, and many measures have been taken to provide specialized medical services, protect motherhood and childhood, provide the population with medicines, and raise a physically strong and spiritually healthy generation. However, there were still many problems in this area that were waiting to be solved. These include the weak material and technical base of medical institutions, the lack of necessary emergency medical centers and pharmacies in rural family clinics, the lack of personnel, the low level of improvement in the condition of patients due to diagnostics and low qualifications of doctors, their forced treatment in foreign countries for a large amount of money, the existence of obstacles to the work of entrepreneurs in the development of the private medical system, and the fact that 74 percent of the population's need for medicines is met through imports [17].

Regarding the problems of 1991, doctor Sarimsok Qosimov admitted the following in an interview with the newspaper "Jizzakh haqiqati":

There are many problems. There are currently 3 infectious diseases hospitals in Jizzakh. They are trying to merge them. In my opinion, it would be better if the jaundice hospital itself was separate. The material and technical base of the hospitals is inadequate. There are not enough beds. We need disposable needles. Telephones do not work. New modern devices are urgently needed. Many medical institutions are not adequately supplied with medicines, medical equipment, supplies, and patient care items. Without these, medical services cannot be rebuilt [18,4-5-b].

In conclusion, 1991 was a difficult period for the Republic of Uzbekistan. It was a time when the country gained independence, separated from the former USSR, and a new national health policy was being established. Therefore, it was a time when the system faced challenges, but also achieved some successes.

If we look at the problems, firstly, we can see a sharp decrease in funding during this period. That is, after the collapse of the USSR, funds allocated from the central budget stopped, as a result of which the shortage of equipment, medicines, and technology in medical institutions increased.

Secondly, the obsolescence of existing equipment. The equipment in almost all hospitals and polyclinics in the republic was mainly installed in the 1970s and 1980s

and was not updated in 1991 due to economic factors. Third, there were disruptions in the supply of medicines. The reason was the sharp increase in the price of imported medicines and the insufficient local production.

Fourth, the problem of staff shortage was one of the most pressing. Because during this period, the emigration of highly qualified specialists abroad increased, and economic difficulties in the republic led to a decline in the quality of education in the system of training young personnel.

Fifth, the difficulty of providing medical services in rural areas. The main reasons for this were weak infrastructure, a lack of qualified doctors, and modern equipment.

In 1991, Ilhom Jamolov, the acting chief physician of the Regional Infectious Diseases Hospital, believed that the problems in the medical and healthcare sectors could not be eliminated until these existing problems were completely eliminated.

Despite this, the republic's medical and healthcare system continued to develop, albeit slowly. In particular,

- First, the foundation of the National Health System was created. That is, the Ministry of Health of the Republic of Uzbekistan began to operate independently, and an independent national health policy was established.

- Legislative reforms have begun in the field of medicine and healthcare. In particular, laws have been adopted on the development of healthcare and providing the population with medical care on a state-guaranteed basis.

- The foundation for the production of national medicines has been laid. Several local pharmaceutical enterprises have been established and work has begun to reduce dependence on imports.

- Disease control centers have been established. As a result, certain results have been achieved in preventing the spread of infectious diseases through sanitary and epidemiological services.

This does not mean that all programs implemented in the former USSR have been canceled. Programs and projects that were effective have been preserved to a certain extent. For example, we can have prevention and vaccination programs, as a result of which many diseases among children have been prevented.

Despite the difficult period, the role of women in the development of medicine and healthcare was also unparalleled. **First**, they were the leading force in providing services to the majority of the population.

They played a leading role in particular in the fields of gynecology, obstetrics, pediatrics and primary care. Also, rural polyclinics and FAP (field nurse-midwifery stations) were staffed mainly by female specialists.

Secondly, they were also active in prevention and promoting a healthy lifestyle. That is, in protecting the health of children and women, teaching them sanitary and hygienic habits, vaccination and prevention programs were also carried out mainly by female doctors.

Third, despite economic difficulties, including low salaries and financial problems, many female doctors have not left the profession. This process has been an important factor in maintaining stability in the field.

Fourth, social and spiritual influence was a leading force in them. Women doctors were considered trustworthy figures in the community and in the community, and their gentleness and cultural level in communicating with the population were a great advantage.

Fifth, opportunities for professional development have emerged. In particular, in the early years of independence, short-term training courses for female specialists were organized through international organizations (WHO, UNICEF, etc.). Some female doctors continued to engage in scientific work and later rose to the positions of professors and directors.

In the first years of independence, the implementation of measures taken in the healthcare sector of Uzbekistan, despite the difficult political and economic conditions, was one of the state's priority tasks aimed at protecting the health of the population and was consistently organized at the republican and regional levels.

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