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Abstract: From the mid-twentieth century to the 1980s, the health care system and public utilities in Uzbekistan underwent unique development. During this period, important measures were taken to protect and restore public health and prevent various diseases. However, due to a number of factors, the development of the field has been very challenging. This article describes the situation in the health care system using the example of large cities in Uzbekistan and analyses the problems associated with this.

Keywords: Uzbekistan, cities, healthcare, hospital, doctor, patient, medical service, Tashkent, Bukhara, Urgench, Fergana, Khiva.

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Introduction

Social infrastructure is a broad concept and its degree of development is one of the important factors that determine the development of existing society. Social infrastructure is a production system that has a direct impact on the development of material production and serves to improve the living conditions of people. In particular, social infrastructure includes health care, education, consumer services, housing and communal services, trade, catering and other areas. In particular, the state of social infrastructure is an important criterion in determining the level of development of cities.

First of all, it should be noted that the years 1950–1980 were a period of great changes in the provision of medical services to the population in Uzbek cities. Firstly, the number of medical institutions in cities, as well as medical personnel, increased. As a result of the introduction of modern methods and technologies, the system underwent qualitative changes. Healthcare financing has increased. But there is also the fact that the changes that have taken place in this area have brought the needs and interests of the state to the forefront, rather than the human factor and its interests. An important factor in this was the desire of the Soviet authorities to show their "advantage" over the capitalist system.

However, throughout the Soviet period, the healthcare system has experienced a number of problems. However, these problems were not reflected in most of the available literature, on the contrary, only achievements in this area were noted.

Sources and literature show that the situation in the healthcare system is completely different from the period before World War II. According to available data, in the 1920s, the number of hospitals in cities was small and most of them were located instead of commercial hospitals and not in specialised medical facilities. Since the mid-1930s, the number of health care facilities in cities has increased. However, there are many problems here, including personnel, especially local staff [1].

In post-war cities of Uzbekistan, the number of medical institutions, the number of medical personnel and types of medical services, as well as the amount of funds allocated to the sector have increased. However, very little has been spent on healthcare development in the first post-war years. According to statistical sources, only in the 1950s did the situation improve significantly. For example, in Bukhara in 1947 there was 1 million hryvnia. By 1950, 7 million
roubles had been spent. In 1958, almost twice as much money as in 1950 was spent on healthcare.

In 1946, there were 30 medical institutions in Bukhara, and by 1965 their number had increased to 50. It can also be seen that the number of medical personnel increased. In particular, in 1947 there were 95 doctors and 226 nurses in the city, and by 1958 - 256 doctors and 1,000 nurses [2, p.367].

As of 1966, there were 250-bed city hospital, 200-bed children's hospital, 125-bed infectious diseases hospital, six polyclinics (three of which are children's clinics), 12 doctors and 25 paramedics in Bukhara. This year 322 doctors and 1059 nurses worked in the city [3, p.347].

A comparison of statistics over the years shows that the number of doctors and medical personnel with higher education in Bukhara has grown very slowly. Also, given that hospitals in the cities, which are district centres, serve the entire population of the region, the number of specialists in this field has been growing very slowly in relation to the population.

The years after World War II were also a period of significant changes in the health care system in Fergana. In 1950, the amount of money allocated to the health care system increased by almost 2.5 times compared to 1940 [4, p.93]. In 1949, there were 22 medical institutions in Ferghana, and by 1957 their number had increased to 49. The number of doctors was 140 in 1950 and 225 in 1956.

However, many sources indicate that working in the healthcare system has faced a number of problems. In particular, the material and technical base of medical services in many cities was underdeveloped during the survey period. Information about their location in uncomfortable buildings has been recorded in many sources. In 1953, a report on the city of Bekabad stated that the building of the City Health Centre had been in very poor condition in recent years. The walls were on the verge of collapsing and the roof of the building had moved due to rain. When the complaints failed, the population had to turn to the Pravda Vostoka newspaper. The facts were checked through the newspaper and confirmed [5].

The Decree of the Council of Ministers of the USSR dated 2 June 1961 "On the state of cultural and social services in Khorezm region and measures to improve them" severely criticized the shortcomings of social services in the region. In particular, some information was recorded on the state of medical care.

According to the source, in 1960, 955 new patient beds were introduced in medical institutions in Khorezm region. However, the number of doctors in the province was small: instead of 593, 265 doctors worked. Specialists such as an ophthalmologist in Shavat, Hazarasp, Koshkopir, Yangiarik, Gurland and a radiologist in Shavat, Koshkopir and Yangiarik did not work at all. The number of obstetricians and gynaecologists was small in the province and there were no physiotherapists in the province [6].

In 1971, there were 11 hospitals with 1700 beds in Urgench [7, p.280]. Statistics show that by the 1980s the level of medical services in Khorezm had increased significantly. In particular, the total number of medical facilities increased to 150 in 1980, 210 in 1886 and 230 in 1990. At the same time, the number of doctors and paramedics increased [8, p.81]. However, the health sector lags far behind population growth. Data from 1989 showed that the number of narrow specialists in urban health facilities was insufficient [9]. High child mortality rates were also recorded in the province and its centre due to inadequate health care [10].

During the reporting period, companies and institutions were tasked with providing them with accommodation, which was also a very convenient option for medical staff, in order to eliminate the discontent of workers and specialists. However, providing accommodation for doctors in the province did not meet the demand. 43 doctors in Khorezm were not provided with accommodation, including 17 in Urgench and 10 in Khiva [11]. This was also one of the reasons that the social institutions were not provided with the necessary qualified personnel at the time.
When we talk about the state of the healthcare system in Tashkent, we see that the number of medical institutions is growing. In 1940, 35 medical institutions were registered in the capital, in 1965 - 75, and in 1975 - 82 medical institutions were registered in the capital [12, p.413]. In 1991 there were 91 hospitals in Tashkent [13, p.149].

According to information, 7 new medical institutions were opened in Tashkent between 1965 and 1975. Over the years, however, the city's population grew by 516,000 people. This indicates the number of medical institutions and the lack of places in the capital, where there is a high growth of population.

The number of doctors in Tashkent was 2928 in 1950, 7452 in 1965, 12347 in 1975 and 17.9 thousand in 1991 [14]. For comparison, the 1908 census showed that Tashkent, a city with 189,748 inhabitants, had only 100 medical workers [15, p.49].

The acute nature of mother and child health problems, high birth rates and increasing maternal and child mortality have led to the need to address these problems. To this end, the Scientific Research Institute of Obstetrics and Gynecology was opened in Tashkent in October 1974 [16].

The number of medical facilities has also increased in industrial cities with rapidly growing populations. In 1950, there were 72 medical facilities in Chirchik, one of the industrial cities of the republic. By this time, the number of hospital beds had increased by almost 50% compared to 1946 [17].

However, documents from 1955 show that there were many shortcomings and problems in urban health care institutions that did not allow for proper care for the health of the population, especially children. There was only one pathologist working in the city and, according to the source, he too was not qualified enough. The fact that radiologists work on a shift basis made it impossible for the population to turn to this specialist in a timely manner. There were not enough doctors in the laboratories. Due to the lack of a medical library in the city, specialists had to leave for the capital, Tashkent. There was a shortage of food (meat, eggs, vegetable oil, dairy products, vegetables) in medical institutions, especially in children's and infectious diseases hospitals. There was a lack of the necessary equipment and the most essential medicine (antibiotics, glucose, hemostasis). Due to the small number of doctors and the lack of vital conditions for them, staff turnover was high. By 1976, there were 345 doctors and 1201 nurses in Chirchik. Although around 4.5 million roubles were allocated to health care in Chirchik at the end of 1975, this was not enough to ensure good medical care [18].

In the city of Gulistan (originally called Mirzachul), which was founded to develop agriculture, health care costs doubled between 1952 and 1955, the number of places in health care facilities increased and health care facilities such as children's clinics, tuberculosis clinics and infectious disease hospitals were opened [19, p.45].

Large industrial enterprises in the republic's cities and their hospitals and dispensaries provided medical services to the population.

The number of pharmacies has increased in the cities. In 1967, 9 pharmacies served the population of Samarkand. In 1970, there were 77 pharmacies in Tashkent, and ten years later their number increased to 119. In 1980, there were 4 sanitary-hygienic and 4 optical shops in Tashkent [21, p.221]. However, the shortage of medicines, including vaccines and other medical supplies, as well as equipment and premises for hospitals, worsened in the 1980s. This situation was the result not only of shortcomings in the health care system, but also of the economic crisis in the post-Soviet space, and the lack of the necessary medical equipment was one of the reasons for the worsening sanitary and epidemiological situation in the republic [22].

Throughout the Soviet era, medical care in the republic's cities lagged far behind modern requirements and, according to many sources, the number of places in medical institutions is below the population growth rate. In general, on the eve of independence Uzbekistan had the highest infant mortality rate - 42 per 1000 children due to the poor quality of medical services,
small number of specialists, underdeveloped medical equipment and facilities. The situation is even worse in other republics of the region: infant mortality rate is 49 per 1000 children in Tajikistan and 50 per 1000 children in Turkmenistan [23]. There were 25 people in the USSR at the time. The low level of medical services was also one of the reasons for the high morbidity rate in the republic.

Another shortcoming in the provision of medical services during this period is the shortage of medical personnel, and in this respect Uzbekistan lags far behind the country. In 1978 there were 38 doctors for every 10,000 inhabitants of Uzbekistan. At that time, there were 44 doctors per capita in one city throughout the Union [24].

Over the years of independence, foreign studies have noted the deterioration of health care in the former Soviet Union since the 1970s, to some extent due to cuts in state budget allocations. In particular, 6.1% of the budget was allocated to the sector in 1970, 5% in 1980 and 4.3% in 1988 [22].

As can be seen, since the second half of the 20th century the situation with medical services in cities has improved considerably, and the number of medical institutions and staff has increased. The number of medical personnel with higher education and qualified specialists has increased and the level of medical care has significantly increased.

However, there have been a number of problems in the healthcare sector. In particular, funding for this sector has been relatively reduced since the 1970s. The poor quality of services, the lack of medical equipment, the small number of specialists, the low level of application of modern equipment and technologies in medicine, the shortage of medical institutions and the severity of sanitary conditions in them did not fully meet the population's needs for medical services. As a result, the Uzbek SSR took last place among the former Soviet Union republics in terms of the level of healthcare and medical services.

REFERENCE


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