

Transformation Processes in the Healthcare System of Uzbekistan (1917-1991)

Gavkhar Muminova

Department of World History, Faculty of Social Sciences, Karshi State University, Uzbekistan

Abstract: The article concludes that the global environmental degradation, global warming, and climate change require great attention to the healthcare sector. Despite the fact that in recent years serious reforms have been undertaken in Uzbekistan in the field of healthcare, numerous measures have been taken to develop specialized medical care, protect mothers and children, and provide the population with medicines, there are still many problems that need to be addressed. On the territory of Uzbekistan in the Soviet period, measures were first taken to form a centralized health care system. This process proceeded in a very difficult historical situation, when political, social and economic problems worsened in the country.

Keywords: Uzbekistan, medical care, treatment, medical, sanitary and epidemiological, pharmaceutical, health education, health.

Modern trends in the world - the deterioration of the ecological situation, global warming, climate change, require more attention to the health sector. The World Health Organization (WHO) is doing a lot to protect the health of the population in various regions of the planet. An important place in its activities is occupied by cooperation with the governments of countries aimed at developing and strengthening health care programs, improving the environment, training medical personnel, protecting the health of mothers and children, and maintaining sanitary statistics. One of the main activities of WHO is research projects. On the initiative of this organization, in October 2012, in order to form a modern healthcare system, the global network EVIP Net was launched in the regions.

In recent years, Uzbekistan has been implementing serious reforms in the health sector, numerous measures have been taken to develop specialized medical care, protect mothers and children, provide the population with medicines, educate and develop a physically strong and spiritually healthy generation. At

the same time, it must be admitted that there are still many problems in this area awaiting solution. These include the weak material and technical base of medical institutions, the lack of ambulance stations and pharmacies in rural family polyclinics, a lack of personnel, low qualifications of diagnostics and doctors, which necessitate the treatment of patients in clinics of foreign countries for large sums of money, obstacles to ways of developing the system of private medicine, insufficient development of the pharmaceutical industry, 74% of the population's demand for medicines is satisfied by imports. In this regard, the President of the Republic of Uzbekistan Sh.M. Mirziyoyev noted that "Further improvement of public health protection, ensuring its satisfaction with the activities of the medical system is our most important task" [11]. In the Action Strategy for five priority areas of development of the Republic of Uzbekistan in 2017-2021 [10], special attention is paid to solving such important tasks as improving the quality of medical services to the population, strengthening the material and technical base of the industry, protecting mothers and children. The creation of modern medicine, where advanced world experience is widely used, requires coverage of the history of health care based on new methodological approaches and primary sources. This problem is relevant not only for historical science, but also for the development of the social sphere of modern society.

The study of the history of health care makes it possible to understand the causes of existing problems and find ways and means of solving them. Measures to form a centralized health care system in Uzbekistan were undertaken for the first time in the Soviet period. This process took place in a very difficult historical situation, when political, socio-economic problems worsened in the country, the population was in an extremely poor situation, the confrontation of the opposition-minded forces intensified, the people were starving and in poverty due to drought and other natural disasters.

Already in the first years of the formation of Soviet power in Turkestan, the process began, as in other

sectors, of the stateization of private healthcare institutions. On February 28, 1919, the Council of People's Commissars of the TASSR adopted a Decree on the nationalization of pharmacies, which in all cities of Turkestan began to pass into the hands of the state. In general, at the initial stage of Soviet rule, in particular, in 1922-1923, 53 medical institutions were built in the cities of Turkestan Syrdarya, Samarkand and cities of the Fergana region,

45 local hospitals, 81 paramedic points, 26 dental outpatient clinics.

After the national-territorial demarcation of Central Asia (1924-1925), with the formation of the Uzbek SSR, under the influence of a number of factors, socio-political processes intensified in the country. The amount of funds allocated to the medical industry has also partially increased. In 1927-1928. 14.4 million rubles were allocated, in 1932-1933 - 32.5 million rubles. If we distribute these funds per capita, then the following picture emerges: in 1927-1928. - 2 rubles 48 kopecks, in 1928-1929. 3 rubles 15 kopecks, in 1932-1933. - 5 rubles 16 kopecks.

Along with the improvement in the health care system in Uzbekistan, problems persisted. Insufficient degree of organization among the population of sanitary education, sanitary prophylaxis, medical activity, low standard of living of the population, material insecurity led to the spread of infectious and social diseases. In 1927, in the RSFSR, the prevalence of skin and venereal diseases was 92.0 per 10,000 people, in Ukraine - 48.5, Uzbekistan - 126.5. In addition, when in other republics this indicator decreased significantly, in Uzbekistan it remained unchanged. In 1930 in the RSFSR it was 65.0, in Ukraine - 33.5, Uzbekistan - 126.0.

During the Second World War, serious changes took place in the health care system, as in other spheres of society, and the activities of the sphere were rebuilt in a military fashion. The medical sphere of Uzbekistan, as well as throughout the country, served mainly the needs of the front. During the war years, the republic's health care system went through difficult tests, in particular, many qualified, experienced medical workers were mobilized to the front.

During the war years, medical institutions were evacuated from the western regions of the USSR to Uzbekistan, along with industrial enterprises. Due to the evacuated hospitals, the number of medical institutions, beds and medical workers has increased. If in 1941

there were 368 hospitals and 19498 beds in Uzbekistan, then by 1945 the number of hospitals reached 481 units, medical beds - 24848 units [12].

Typically, military hospitals were distributed to cities along the railways. Their activities were headed by the Deputy People's Commissar of Health of the Republic B.I. Berliner. Given the lack of specialized premises, the buildings of schools and institutes, clubs and theaters were given to hospitals. In December 1941, there were 96 evacuated hospitals in the republic with 31,700 beds [5].

Military hospitals were mainly located in the cities of Tashkent and Samarkand, each of them accommodated about 20 such medical institutions, in the Fergana Valley there were 16 of them. Academicians N.N. worked in the evacuated military hospitals. Anichkov, V.N. Osipov, V.I. Voyachik, Professor S.A. Novotelnikov, A.V. Lebedinsky, V.S. Dainikov,

V.M. Broderzon, S. Yu. Minkin, M.N. Entin, F.M. Volkler and others [1].

The post-war life of Uzbekistan is characterized by the further one-sided development of the country's economy - the strengthening of the cotton monopoly, with limited opportunities for the development of animal husbandry, reduction of areas for growing vegetables and fruits, as well as areas of vineyards and orchards. Despite the available opportunities, Uzbekistan occupied one of the last places among all the Union republics in terms of the amount of consumption of basic types of food per capita. Citizens living in Uzbekistan, in comparison with citizens of other republics, consumed two times less meat and meat products, milk and dairy products, as well as eggs. In rural areas of Uzbekistan, there was only 10 kg of meat per person per year [14]. In addition, problems were accumulating in the field of providing the population with clean drinking water, in establishing a sewerage system.

In the following decades, the tuberculosis incidence rate in Uzbekistan remained higher than in other Union republics. If in the 1980s the rate of infection with active tuberculosis in the Union was 50.2 per 10,000 population, then in Uzbekistan it was 55.6. In 1989, this indicator in the Union was 40.0, and in Uzbekistan - 50.3, and at that time tuberculosis was often found among children [13].

It should be noted that after the war the number of beds for mothers and children, consultations and medical

personnel increased significantly. If in 1946 there were 3193 beds in Uzbekistan for the treatment of children, then in 1955 their number was 5492 [8]. Most of the beds were in the city of Tashkent: during these years their number increased from 1550 to 1885. Accordingly, these indicators in the Kashkadarya region were 30 and 73, in the Surkhandarya region - 45 and 126, in Khorezm - 110 and 102, Karakalpakstan - 155 and 295. A somewhat different situation was observed in the opening of children's clinics. If in 1946 there were 223 children's consultations in Uzbekistan, then in 1956 their number reached only 232 [3].

From year to year, the birth rate in Uzbekistan increased - according to this indicator, the republic occupied one of the leading places in the Union. If in the second half of the 40s of the twentieth century. In Uzbekistan, the birth rate was in line with the average for the Union, then when the birth rate in the Union decreased in the mid-1960s, in Uzbekistan it increased significantly. For example, compared with the indicators of the Baltic republics, this indicator in Uzbekistan was higher

2-2.5 times. In 1975, the birth rate per 1000 people in Uzbekistan was 35.5, in Estonia - only 15.1. In 1989, Uzbekistan was in first place in terms of the birth rate: if in the country for every 1000 women the birth rate was 72.5, then in Uzbekistan it was 143.1 [9]. The high growth in the birth rate in Uzbekistan was due to a number of factors such as the slow development of health education, widespread promotion of privileges for large families, etc. [4].

Most of the mothers with many children throughout the country were in Uzbekistan. If in 1970 the number of mothers with seven or more children in the Union was 711 thousand [6], of which 187 thousand were from Uzbekistan [7].

At the same time, in terms of such an indicator as the mortality of newborns, the indicators for Uzbekistan were worse. If in 1987 the mortality rate in Lithuania was 11.3 per 1000 newborns, in Turkmenistan - 56.4, then in some regions of Uzbekistan it reached 60-70. This provision became the object of close attention of medical specialists, mistakes made were openly analyzed in the press. Researcher

A.A. Baranov explained this by the inappropriate distribution of material and technical resources and medical personnel across the regions [2]. For example, in terms of the number of obstetric-gynecological and

children's beds, Uzbekistan lagged significantly compared to other republics.

It has been established that the healthcare sector did not stand apart from general historical processes. As the main and complex component of the social, political and economic system of a particular state, it was formed on the basis of the laws in force in society, and its development was closely related to the nature and pace of development of the national economy. The activities of the Soviet health care system, like the world industry as a whole, were implemented in three complex areas: sanitary and hygienic, epidemiological, and treatment-and-prophylactic. Particular attention was paid to the elimination of foci of the spread of infectious diseases.

Thanks to the preventive measures carried out by the Soviet government among the population, in some large cities of Uzbekistan, the mass incidence of infectious diseases was partially eliminated, and state sanitary and epidemiological control over the situation was established. Despite the insignificance of the allocated funds, they were used rationally and were aimed at improving the health of the population. However, in small towns and villages, the situation remained unchanged. In some regions, almost 90% of the population suffered from infectious and social diseases such as malaria, trachoma, tuberculosis.

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