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Changes in the Healthcare System of Surkhandarya during the Early Years of Independence

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Abstract: This article describes the comprehensive reforms carried out in the healthcare sector, which is one of the branches of the social sphere in the Surkhandarya region. The article also contains an analysis of some of the activities and changes carried out to restore the health of the population in the villages and strengthen the material and technical base of the medical sphere, and analyzes of information about these changes are also reflected.

Keywords: medical sphere, reforms in the healthcare system, health of the rural population, medical care, outpatient clinic, polyclinic, medical institutions.

Introduction

During the years of independence, Uzbekistan has achieved significant success in the field of healthcare. In particular, in recent years, noticeable progress has also been observed in organizing the healthcare system in the Surkhandarya region. Special attention has been paid to establishing medical independence of national importance in the field of material and technical support of the healthcare sector. The changes taking place in the medical field of our country and the reforms being implemented form the core of this article's topic.

Research Methodology

This article examines the reforms implemented in the healthcare sector of the Surkhandarya region based on generally accepted methods—historical analysis, comparative study, and chronological sequencing. It highlights specific measures and changes aimed at restoring public health and strengthening the material and technical base of the healthcare system. The primary sources for this article include documents from the current archives of the Surkhandarya regional administration. In addition, statistical collections such as "Analysis of Some Indicators of the Socio-Economic Development of Surkhandarya Region (1991-2000)" and materials from the "Department of Economy and Statistics of the Surkhandarya Region" were also used. In the early years of independence, the quality and level of medical assistance provided to rural populations in Surkhandarya were not yet satisfactory. There were high rates of maternal and child mortality, as well as increasing numbers of infectious diseases, tuberculosis, and people with disabilities. Tuberculosis cases increased notably, and among rural populations, diseases of the digestive system, anemia, neurological disorders, musculoskeletal problems, skin diseases, and others were widespread. It was found that 90-95% of the rural population of the republic suffered from various types of anemia, and 45–50% of children had vitamin deficiencies [1]. On May 30-31, 1994, a healthcare workers' conference was held in the Andijan region at the initiative of the Ministry of Health of the Republic of Uzbekistan. One of the most urgent issues discussed during the transition to a market economy was "Improving the Quality, Culture, Level, and Effectiveness of Medical Services to Rural Populations." Representatives from Surkhandarya region's medical sector also participated in the conference and exchanged views. Measures were discussed to eliminate existing shortcomings and problems. In 1994, it was recorded that 163 hospitals were operating nationwide, including 26 central hospitals at the regional level and 451 district and rural outpatient clinics. Each year,

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58–59% of patients treated in hospitals were from rural areas. About 70% of them received treatment at central district, rural, and outpatient hospitals. In 1993, visits to rural clinics reached 20.6 million people [1, pp. 20–21]. During the early years of independence, attention was also paid to improving the medical infrastructure of the region, providing quality healthcare to the population, employing well-educated medical personnel, constructing hospitals in accordance with modern standards, and ensuring sufficient supply of medicines and medical equipment.

As a result, from 1995 onwards, the provision of medical services in the region began to improve. The number of healthcare facilities increased, and the total number of hospital beds in the region reached 2,100 across 19 hospitals. For instance:

- ➤ In Denov district 4 hospitals with 350 beds
- ➤ In Sho'rchi district 2 hospitals with 400 beds
- ➤ In Sherobod district 2 hospitals with 480 beds
- ➤ In Qumqo'rg'on district 3 hospitals with 490 beds
- ➤ In Jarqo'rg'on district 3 hospitals with 520 beds
- ➤ In Boysun district 2 hospitals with 280 beds

These institutions provided healthcare services to the population, and the hospitals were renovated and equipped with modern medical equipment [2, p. 284]. **During the early years of independence**, a number of initiatives were undertaken by the Surkhandarya regional administration and health institutions to provide high-quality and standard medical care to the population. The **Resolution No. 182 of the Cabinet of Ministers of the Republic of Uzbekistan**, adopted in 1996, played an important role in addressing health issues in the region. In accordance with this government decision aimed at improving rural infrastructure, significant progress was achieved. In 1996 alone, **16 new rural health centers** were constructed, replacing 13 old ones. Additionally, **2 rural health centers** were put into operation in Angor district, beyond what was originally planned in the program [3, p. 6]. In **1997**, there were **109 healthcare facilities** operating in the region, with the number of hospital beds reaching **8,784**. On average, there were **59.6 hospital beds per 10,000 population** in the region. That year, **6 rural medical ambulatory clinics** and **16 rural medical points** were constructed and put into service. Ambulatory and polyclinic centers providing services to 10,000 people were also established, with a total capacity of **88.4 beds** [4, p. 19]. In **1996**, several new healthcare facilities were built and commissioned:

- ➤ In Boysun district: 100-bed polyclinic and a new 30-bed hospital
- ➤ In Jarqo'rg'on district: 150-bed polyclinic
- ➤ In Qumqo'rg'on district: 100-bed polyclinic
- ➤ In Sherobod district: 50-bed polyclinic and a 100-bed hospital
- In Sho'rchi district: 50-bed polyclinic

By **1997**, the number of healthcare institutions serving urban populations included:

- ➤ 4 in Termez city
- ➤ 4 in Denov city
- ➤ 2 in Boysun district
- 2 in Jarqo'rg'on district
- 3 in Qumqo'rg'on district

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- ➤ 3 in Sherobod district
- ➤ 3 in Sho'rchi district [4, pp. 25–26].

State-funded healthcare institutions formed the foundation of medical services. At the same time, the scope of paid and insurance-based medical services was also expanded. Several initiatives were implemented by the regional health administration and institutions to provide high-quality and standard medical care. Government programs on the development of rural infrastructure were successfully executed, leading to a steady increase in the number and capacity of healthcare facilities. In the first decade of independence, significant progress was made in many areas of medicine across Uzbekistan. A large number of healthcare facilities were built, including the main academic building of the Tashkent State Medical Institute, the Republican Children's Hospital, Semashko Hospital, multi-profile children's hospitals, and specialized centers for microsurgery, kidney, heart, and lung surgery.

By 1998, Uzbekistan had:

- > 1,250 hospitals
- ➤ 177 medical and outpatient clinics
- > 6,288 feldsher-midwife centers
- > 220 sanitary-epidemiological stations
- > Over **1,900 pharmacies** serving the population [5, p. 21].

According to 1998 data on the number of hospital beds and per capita averages by region:

- > Termez city: 450 beds, 39.1 per 10,000 people
- **Denov city: 400 beds, 65.9 per 10,000 people**
- **Boysun district: 330 beds, 45.8 per 10,000 people**
- > Jarqo'rg'on district: 205 beds, 40.3 per 10,000 people
- > Qumqo'rg'on district: 212 beds, 44.5 per 10,000 people
- > Sherobod district: 225 beds, 51.4 per 10,000 people
- > Sho'rchi district: 215 beds, 35.4 per 10,000 people [4, p. 124].
- ➤ Healthcare Development in Surkhandarya Region in 1999–2005
- Healthcare services in Surkhandarya region continued to improve during 1999–2000. Since 1999, 63 medical institutions in the region have operated in the non-governmental sector, with 19 of them being self-financed treatment and prevention facilities [6]. An analysis of the above data shows that modern healthcare services were established across the region's districts and cities. For example, in the city of Boysun, significant efforts were made in public health, and advanced treatment methods were introduced. In 1998, two hospitals in Boysun city served the population with 90 doctors, 250 mid-level medical staff, and a total of 150 hospital beds. A rapid response (emergency) station also operated in the city. For every 10,000 people, there were 16.3 doctors, 61.3 mid-level healthcare workers, and 27.5 hospital beds available [7, p. 27]. In 1999, 290 outpatient clinics and polyclinics provided healthcare services to the population of Surkhandarya region. In the first half of 2000, this number slightly decreased to 281 institutions. The number of treatment and prevention facility beds was 9,035 in 1999, while in the first half of 2000, it decreased to 8,823. In 1999, 211,861 patients were treated in hospitals, whereas 142,908 patients were treated in the first half of 2000 [8, p. 374]. In 2000, a total of 91 hospitals operated in the region (including 85 budget-funded, 6 non-budget, and 5 private hospitals). A modern emergency medical center and a mother and child center were

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built and put into operation in the regional capital, Termez. In addition, the population had access to 345 outpatient clinics and polyclinics capable of serving 19.4 patients per shift (of which 51 were private, capable of serving 1.7 patients per shift) [8, p. 375]. The above analysis shows significant practical efforts were made to protect public health, construct and renovate modern healthcare facilities, upgrade treatment capacity, and equip rooms to meet contemporary standards. By 2000, new medical equipment was imported from abroad, improving healthcare services with modern medical techniques. In 2000, the region had 16 hospitals with 1,885 beds, 4 hospitals in Denau with 470 beds, 2 hospitals in Shurchi with 470 beds, 2 hospitals in Sherobod with 500 beds, 3 hospitals in Kumkurgan with 520 beds, 3 hospitals in Jarkurgan with 545 beds, and 2 hospitals in Boysun with 300 beds, all contributing to public health [2, p. 285]. In 2000, the region had 61 rural medical centers and 91 hospitals, including 85 budget-funded, 6 non-budget-funded, and 5 private hospitals [9]. According to Resolution No. 182 of the Cabinet of Ministers of the Republic of Uzbekistan dated May 21, 1996, titled "On the State Program for the Development of Rural Social Infrastructure in 1999–2000" and the Presidential Decree dated November 10, 1998, "On the State Program for the Reform of the Healthcare System in the Republic," the regional administration adopted Resolutions No. 156 (June 13, 1996) and No. 304 (November 30, 1998), focusing on developing rural infrastructure and the healthcare system during 1996–2000 and 2001–2005 [10,11]. Based on these programs, from 1996 to 2005, a total of 149 rural medical points and 1 urban medical point were established in the region, including 97 new constructions and 53 reconstructions of existing facilities. According to the state program plan, in 2005, 278 million soums were allocated from the state budget for constructing 11 rural medical centers, and 296.5 million soums were spent on the construction. Of this, 7.5 million soums were used to purchase equipment, as well as hard and soft furnishings. Additionally, the "Aktet" International Organization carried out repair work worth 18.1 million soums. For instance, repair work worth 6.2 million soums was done at the "Mustaqillik" rural medical center in Angor district and 4.7 million soums at the Poshkhurt rural hospital in Sherobod district. Currently, 85 hospitals serve the region's population, with a total of 8,625 hospital beds [12, p. 114]. By 2005, there were 90 medical institutions in the region, 87 of which were funded by the state budget, and 8 operated with non-state funds. The number of hospital beds was 84.25 per hospital, with 43.7 beds per 10,000 people. Moreover, in 2005, there were 360 outpatient clinics and polyclinics and 190 rural medical points serving the population [13, p. 584]. Thus, in the early years of independence, significant reforms were implemented in the healthcare system. These efforts reflected a noble aim—to preserve public health and raise a healthy and well-rounded future generation.

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