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HEALTHCARE PROBLEMS IN UZBEKISTAN IN THE EARLY YEARS OF INDEPENDENCE

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Abstract



This article analyzes the main problems of the healthcare sector in Uzbekistan during the early years of independence, their causes, and socio-economic consequences. Particular attention is paid to issues of sector financing, insufficient material and technical resources, human resource shortages, declining quality of medical services, and their impact on public health. The article also examines the initial measures and reforms aimed at stabilizing and developing the healthcare system during this period.

Keywords: Early years of independence, healthcare sector, medical reforms, financing problems, medical personnel, material and technical base, public health, socio-economic conditions.

Introduction

The state of medicine in a particular country also determines the level of development of socio-economic life in this region. Therefore, in the countries of the world, a state policy has been formed on the establishment of a healthcare system, and even in some developed countries, a clear strategy has been developed in this area.

During the country's transition to a market system, it became clear that the healthcare system in Uzbekistan was not at all ready for the demands of the time due to the following economic reasons. Firstly, the healthcare system was completely dependent on the state budget, and there was no legal financial budget for the sector to be self-sufficient.

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Secondly, there was no control over the spending of funds from the budget allocated to the system. The allocated funds were spent for other purposes, instead of being spent on the development of the healthcare system, which was intended for its status. The main attention was paid to preventive and outpatient treatment measures.

Thirdly, this system had a primary health care system, focused mainly on rural conditions. In this case, medical care was provided to the population not by doctors (in very rare cases, doctors provided assistance), but by paramedics working at rural feldsher-obstetric points (FAP). The quality of medical care provided in rural conditions was much lower than in the city.


Fourthly, the system of providing care to mothers and children, with a high birth rate, did not at all take measures aimed at the birth of healthy children, but was focused on the birth process and the treatment of existing diseases. As a result, during the numerous births, the health of women of childbearing age was poor, and maternal mortality was the highest in the Union. Due to frequent and short-term births, weak, premature and physically immature children were born. As a result, the child mortality rate increased, and later the morbidity rates of children, adolescents and adults increased.

Fifth, the main attention in the health care system was focused only on treatment, there was no attention to prevention and a healthy lifestyle. The culture of caring for one's own health was not instilled among the population. Medicines were very cheap and widespread, and were consumed in large quantities. At the same time, the health care system did not respond to the changes of the times and could not afford to create a healthy lifestyle worthy of the population.

Main Part

So, what steps were taken to eliminate the problems inherited from the old system in the field of healthcare in Uzbekistan?

Article 40 of Chapter IX of the Constitution of the Republic of Uzbekistan states that “Everyone has the right to access qualified medical services” and strengthens the rights of the population in this regard. Article 65 of the Fundamental Law states that “Motherhood and childhood are under state

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protection”[1]. These articles formed the legal basis for the reforms implemented in the system.


In 1991-2016, 176 special regulatory legal acts were developed to improve the regulatory and legal basis of the healthcare system of the Republic of Uzbekistan, in particular, 12 laws, 33 decrees and resolutions of the President of the Republic of Uzbekistan, 77 resolutions of the Cabinet of Ministers of the Republic of Uzbekistan, as well as more than 230 other regulatory and legal acts[2].

An analysis of the published legal and regulatory documents on healthcare shows that healthcare reforms in Uzbekistan were carried out in stages such as the “Preparatory Stage” (1991-1998), “Structural Reform Stage” (1998-2002), “Structural Reform Deepening Stage” (2003-2007), and “Structural Reform Further Development Stage” (2007-2016).

The preparatory stage, which covers the years 1991-1998, can be conditionally divided into two parts. In 1991-1994, which was designated as the phase of “horizontal” reforms, the funds allocated by the budget were redistributed within the existing structure of the healthcare system, and the fund of inpatient beds was reduced due to the transition to per capita budget formation, in contrast to the old system based on the allocation of funds according to the number of beds.

1994-1998 can be called the period of the beginning of restructuring in healthcare. As a result, the management of the healthcare system was organized in a three-tiered manner. In particular, at the first level, the function of developing a Healthcare Development Strategy was entrusted to the highest bodies of state administration - the President of the Republic of Uzbekistan, the Oliy Majlis and the Cabinet of Ministers[3].

Based on the requirements of the new era, one of the main issues on the agenda was the development of a Law aimed at reforming the healthcare sector. The Law "On the Protection of Citizens' Health", adopted on August 29, 1996, consists of Section VI, 47 articles, and Article 2 of it states that the tasks of the law are to ensure that the rights of citizens to protect their health are guaranteed by the state, to form a healthy lifestyle for citizens, and to legally regulate the activities of state bodies, enterprises, institutions, organizations, and public associations in the field of protecting citizens' health[4]. This Law was intended

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to serve as a solution to the problems in the field of health care in the last years of the Soviet era.

Result and Discussion

During the period of independence, in contrast to the Soviet era, inefficient redundant links in the sector were eliminated. This, in turn, contributed to an increase in the quality of medical services provided to the population. In particular, medical services provided to rural residents have improved. Residents who previously had to contact a district or city medical institution for even simple treatment are now able to receive treatment in their own regions.

In connection with the reorganization of the Ministry of Health, a number of changes were made to the ministerial and territorial administrative bodies and their tasks. In particular, the activities of the privatization department and the medical insurance development department were established. Due to the abandonment of strict centralization of management in the sector, new opportunities have arisen for the free operation of local bodies. Also, it cannot be said that it is right to completely abandon the centralization of management in the system. For example, in the early 1990s, the abandonment of full centralization of healthcare management in Eastern European countries made it difficult to control the healthcare sector at the state level. There was chaos in the work of medical services. As a result, these countries took the path of restoring the functions of state bodies in healthcare management.

Drawing the necessary conclusions from the experience of countries around the world, certain methods of centralization in healthcare management were retained in Uzbekistan. Due to the abandonment of strict centralization of system management in the republic, some medical institutions were decentralized and private medical services were established[5]. In 1996, 2,200 pharmacies and 342 healthcare facilities were decentralized and privatized in the Republic of Uzbekistan. The beginning of privatization in the sector led to a reduction in administrative and management costs, and the transfer of patients to less expensive and more effective day care.

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During the “Structural Reforms Phase” of healthcare reforms (1998-2002), a number of tasks had to be implemented to achieve the goals set for the development of the system. In particular, providing the population with high-quality medical care was identified as the first task. The implementation of measures to further develop the emergency medical care system for the population became a requirement of the time. For this reason, strengthening the emergency medical care system for the population was included as the second task. The third task was to improve organizational systems and the protection of the healthcare system, and to change the system of general practitioners. Working in accordance with the requirements of the population became one of the main features of this stage. Taking this into account, the creation of a system of healthcare and medical services that meets the needs of the population was identified as the fourth task. In addition, the tasks of improving the situation in the system and providing it with independently operating diagnostic institutions under the leadership of the Ministry of Health were also identified as important. However, even in the second stage of reforms in the sector in Uzbekistan, the problems of public health protection were not resolved. The tasks set out in the documents published to strengthen the legal and regulatory framework of the healthcare system were not fully implemented. In particular, many issues related to improving the quality of preventive and medical services at the regional and district levels were not resolved. Also, the organizational structure of healthcare management, in which day care facilities accounted for the majority, remained incomplete and ineffective. Territorial healthcare management bodies did not provide sufficient organizational and methodological guidance over the activities of medical institutions[6]. Also, the problems of the sector were further aggravated by the weak network of diagnostic services.

So, in what areas were the reforms implemented in Uzbekistan during this period mainly implemented?

The main directions of the reform of the healthcare system were defined as follows: - a new conceptual and practical approach to the issues of motherhood and childhood, aimed at the birth of a healthy child and the upbringing of a healthy generation. The goal of the reform in this direction was not only to reduce

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maternal and child mortality in the short term, but also to create a high-quality healthy generation and a healthy lifestyle in the long term.


The main goal of the reform in the sector was to equalize the provision of primary medical care in urban and rural areas. It was necessary to abandon old stereotypes and change the system of financing healthcare, diversify sources of financing.

Conclusion

Thus, a number of shortcomings were identified in the implementation of measures to improve the health of citizens. In particular, measures to equip rural health centers and rural hospitals with medical equipment, provide medical institutions in remote and hard-to-reach regions with sanitary vehicles, and deliver equipment to district emergency medical departments were almost not implemented.

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