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PROBLEMS OF PUBLIC HEALTH AND WAYS TO OVERCOME THEM IN THE FERGANA REGION DURING THE EARLY YEARS OF INDEPENDENCE

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ANNOTATION : In the article, the provision of medical care to the population of Fergana region during the years of independence, the enhancement of the quality and efficiency of sanitary and preventive services, particularly the protection of the lives of women of reproductive age, pregnant women, and children, as well as the satisfaction of the population's demand for highly qualified medical services, are analyzed. The paper also examines the increase in certain types of diseases due to shortcomings in medical service delivery, the special attention paid to primary health care-especially in rural areas-and the activities carried out within the emergency medical care network, highlighting both achievements and existing shortcomings.
Keywords: Fergana region, medical care, sanitary and preventive services, health improvement.

During the initial years of independence, healthcare reforms introduced a new approach to the functioning of the health system. As the number of hospital beds was reduced, improved conditions were created for patient comfort, staff work efficiency, and overall hospital stay. All patients were organized to receive outpatient examinations, with hospital services provided as necessary. Ambulatory and polyclinic services were equipped with transportation, medical equipment, and qualified personnel. The population gradually adopted regular treatment practices, which led to significant economic benefits.

Medical assistance across all healthcare organizations was categorized according to the type of service and the qualifications of personnel. These included: first aid (self-help, mutual assistance, support from sanitary workers, and specially trained "social" professions such as paramedics, internal affairs personnel, fire safety staff, flight attendants, and others); pre-doctor ("feldsher") assistance provided by mid-level medical personnel; primary physician care (basic medical treatment, preventive measures, and sanitary-hygienic interventions); qualified medical care (complex medical procedures performed by therapists, surgeons, pediatricians, and other specialists in therapeutic or surgical institutions); specialized medical care provided by narrow-profile specialists such as cardiologists, pulmonologists, and endocrinologists in dedicated medical facilities; and care in treatment institutions (therapeutic-preventive, sanitary-preventive, forensic, pharmaceutical, and medical technology institutions).

During the years of independence, providing medical care to the population, strengthening sanitary and preventive services, improving quality and efficiency, and especially protecting the lives of women of reproductive age, pregnant women, and children, were among the top priorities.

In the initial transition period, the Fergana region experienced a high incidence of infectious diseases. However, measures implemented in subsequent years led to a significant decline by 1992: paratyphoid fever decreased by 50%, salmonellosis by 16%, infectious jaundice by 15%, and serum hepatitis by 13%, which can be considered a relatively positive outcome. Nevertheless, in certain districts such as Yozyovon and Oltiariq, the incidence of infectious jaundice remained 1.5 times higher than the regional average, while in Quva, Yozyovon, and Uchkupirik, the incidence of intestinal infectious diseases was 1.5–2 times higher than the regional average.

One of the main reasons for this situation was insufficient access to clean drinking water and inadequate sewage systems in these areas. In turn, due to the inability to organize medical care for the population at a sufficient level, the regional medical council took administrative measures against 28 responsible officials, six of whom were dismissed from their positions[1.22].

In accordance with Order No. 589 of the Ministry of Health of the Republic on "Measures to Improve and Further Develop Endocrinology Services for the Population," the Fergana Regional Health Department issued its own Order No. 64. Endocrinologists at the dispensary carried out their work based on this directive. Additionally, in compliance with Order No. 67 of the Regional Health Department on "Primary Prevention of Diabetes Mellitus and Prevention of Its Complications," medical assistance was provided to patients[2].

In 1992, the Fergana region had 94 hospitals, 266 polyclinics, and 638 feldsher-midwife stations providing continuous medical services to the population. To improve the quality of medical care, the Regional Health Department organized outreach visits to local communities. For the rural population, 11 intensive care units were established within district infectious disease hospitals. To ensure the timely transfer of critically ill patients to specialized regional hospitals, three specialized resuscitation brigades were established under the sanitary aviation department. Additionally, diagnostic centers were set up in Oltiariq and Dang'ara districts, and nine other districts were equipped with diagnostic centers furnished with foreign medical equipment, all of which began operating to enhance healthcare delivery[1.21].

During this period, preventive measures against influenza and acute respiratory viral infections in the region were almost not implemented, and children's hospitals were not adequately prepared to admit a large number of pediatric patients suffering from pneumonia. Serious shortcomings in polyclinic services contributed to high infant mortality rates. Delays in providing secondary care to newborns were observed, and the rehabilitation of children at risk was insufficient. Pediatric care by narrow specialists often did not take into account long-term and temporary medical benefits. These deficiencies, in turn, led to delayed hospital admissions, more severe disease progression, and increased mortality rates. Only 40% of children under one year of age received services at feldsher-midwife stations. During this period, out of 6,670 feldsher-midwife stations, 5,985 had active visiting nurses (patronage nurses) providing medical care[3.138].

As a result of medical examinations of women of reproductive age residing in the region, 140,807 women (32.8%) were diagnosed with extragenital diseases, of whom 108,402 (76.9%) received treatment and health improvement services in polyclinics and hospitals. One of the main reasons for the increasing prevalence of certain diseases was poor sanitary conditions, neglected field shelters, and the abandonment of seasonal kindergartens and nurseries. During this period, 1,696 field shelters across the region lacked access to drinking water[1.47].

In 1993, to improve medical services for the population of Andijan region, 51 polyclinics and ambulatory centers, as well as 243 day hospitals, were established. Additionally, nearly 390 million soums worth of free food and medicines were distributed to over 20,000 low-income and undernourished women, and free food products worth 432 million soums were provided to malnourished children under the age of two[4.77].

In 1993, to improve the quality of medical care provided to the population, the Fergana Regional Health Department organized 36 outreach visits utilizing the resources of regional hospitals, during which medical examinations were conducted. Highly qualified specialists provided quality medical assistance to over 5,000 citizens. More than 1,000 patients with complex diseases were referred to regional hospitals for further treatment.

Healthcare services in the region were delivered through 638 feldsher-midwife stations, 143 rural outpatient clinics, and 37 rural district hospitals. However, from a sanitary-epidemiological

perspective, 448 cases of jaundice were recorded per 100,000 residents across the region. In 1993, the incidence of acute intestinal diseases increased in several districts: from 16 to 18 cases in Quva, and from 14 to 42 cases in Uchko‘prik, Furqat, and Yozyovon districts[1.26].

In 1995, in Fergana region, 28 rural district hospitals and 98 rural outpatient clinics, with a total of 1,217 day-care beds, provided medical services to over 34,000 rural residents, helping them restore their health. To protect the health of more than 385,000 women of reproductive age living in rural areas, they were regularly examined and received preventive and restorative care[1.6].

In 2003, a total of 212,347 surgical operations were performed across all therapeutic and preventive institutions in Fergana region, of which 79,000 were conducted in hospitals. Despite these efforts, 208 patients died following surgery, resulting in a mortality rate of 0.28%.

During this period, a total of 246,004 patients received medical care in Fergana region. Of these, 44,158 patients were treated in outpatient-polyclinic facilities, while 190,930 received hospital services. Medical examination commissions for newlyweds operated under 20 central polyclinics in the region. In 2003, a total of 14,672 couples underwent medical examinations[2].

According to the Resolution No. 365 of the Cabinet of Ministers of the Republic of Uzbekistan dated August 25, 2003, “On Approval of the Regulation on the Medical Examination of Prospective Spouses,” all individuals intending to marry began receiving comprehensive free medical examinations from January 1, 2004. During the medical examination, an outpatient card was opened for each couple at the polyclinic, and all specialist medical conclusions were recorded and submitted to the local district physician.

In courses organized under the Civil Status Registration offices, twice a month, young prospective spouses and their relatives were informed about the legal, medical, and social significance of marriage, as well as ways to prevent potential family problems. When necessary, individual consultations were provided to young couples.

To prevent diseases among girls and adolescent females, the “Girls and Adolescent Girls’ Reproductive Health” center was established at the regional adolescent polyclinic in accordance with Order No. 42 of the Fergana Regional Health Department dated March 26, 2001. Additionally, gynecology rooms for girls were established in children’s polyclinics across all cities and districts, staffed with specialists. However, for various reasons, such rooms and specialists were not provided in Dangara, Rishton, and Sokh districts, resulting in incomplete medical examinations and dispensary services for girls. Preventive work for adolescent girls in Furqat district was also unsatisfactory, with the girls’ gynecologist sharing a room with a pediatrician. In Oltiariq, Quva, Fergana, and Uzbekistan districts, although rooms were allocated for adolescent gynecologists, no health promotion activities were conducted.

In 2003, out of 95,346 adolescent girls residing in the region, 93,112 were examined by pediatric gynecologists. Among them, 43,923 were diagnosed with various extragenital disorders, and 4,407 with gynecological diseases, of which 28,305 received restorative treatment.

During this period, the 416 outpatient-polyclinic facilities in Fergana region had a daily reception capacity of 40,212 patients per shift, representing an increase of 193 patients compared to the previous year. Throughout the year, a total of 23,251,000 patients received services at all outpatient-polyclinic institutions[2].

As a result of medical services provided to the population, preventive visits accounted for 50.8% of the total consultations. In Quvasoy city, Beshariq, Ohunboboyev, Uzbekistan, Fergana, and Yozyovon districts, an average of 58.2% of patients were seen for preventive purposes, exceeding the regional average. In contrast, in Kokand and Fergana cities, as well as Rishton and Uchkoprick districts, an average of 46.8% of patients received preventive care, below the regional indicator.

The daily workload per full-time physician position was 24.0 consultations. This indicator was above the regional average in Quvasoy city, Yozyovon, Uzbekistan, and Furqat districts, while it was below the regional average in Fergana and Kokand cities, as well as So‘x and Ohunboboyev districts.

Home visits per full-time physician amounted to 1.6 per day. This indicator exceeded the regional average in Kokand and Margilan cities, and in Uchkoprick and Dang‘ara districts, but was lower than the regional average in Bog‘dod, Buvayda, Toshloq, Uzbekistan, and Ohunboboyev districts.

The overall morbidity rate in the region was 869.4 per 1,000 population, while the primary morbidity rate was 507.8 per 1,000 population[2].

The Fergana branch of the Republican Scientific Center for Emergency Medical Care and its local branches had a total of 1,020 beds, with an average of 911 beds operational throughout the year. During this period, 78,575 patients were admitted, of whom 61,499 were discharged after treatment. Despite the rapid interventions performed, 1,768 patients unfortunately died.

Throughout the year, 58,279 patients were admitted to the district and city branches for treatment. The total inpatient days amounted to 405.5 per patient on average. The average length of stay was 5.6 days, and the mortality rate was 2.1%.

An analysis of bed utilization by profile revealed that in some cases, bed occupancy was extraordinarily high. For example, in So‘x district, emergency therapy beds were occupied for 760.7 days, surgical beds for 80.8 days, and pediatric beds for 237.4 days. In Uzbekistan district, surgical beds were occupied for 506.3 days and therapy beds for 315.3 days. In Ohunboboyev district, surgical beds were occupied for 536.7 days, therapy beds for 319 days, and pediatric beds for 317 days[2].

In the region, 19 emergency medical service (EMS) stations were operational, comprising 61 branches and 5 emergency medical points. These institutions employed 356 general practitioners, 336 feldshers, 32 midwives, 68 pediatric brigades, and 40 specialized teams, including 16 cardiology, 12 resuscitation, and 12 psychiatric brigades. For emergency response, 193 vehicles were available, of which 94.8% were fully operational.

During the year, a total of 670,727 emergency calls were recorded. Among these, 16,126 calls were due to accidents, 335,222 to sudden illnesses, 12,269 to childbirth, and 30,710 involved other patients.

Of all the calls responded to, 59.9% were attended by general medical teams, 36.8% by feldsher brigades, and 3.3% by specialized teams. Additionally, ambulatory care services were provided to 152,762 patients.

During the year, out of all emergency calls, 55,930 patients, or 8.3%, were hospitalized. A total of 1,479 clinical deaths were recorded, of which 97.3% occurred before the arrival of the emergency medical services (EMS), and 2.7% occurred with the participation of EMS specialists.

During the same period, 32,231,000 laboratory tests were conducted. In inpatient care, the number of laboratory tests per treated patient decreased by 28.4. Conversely, in outpatient care, the number of laboratory tests per 100 visits increased from 148.9 to 151.1. Overall, for hospitalized patients across the region, the average number of laboratory tests per patient was 28.4.

During the year, a total of 3,640,000 physiotherapy procedures were performed, with the number of procedures per inpatient increasing from 1.9 to 2.3. In outpatient care, the number of physiotherapy procedures per 100 visits increased from 16.5 to 17.0.

The region had a total of 259 X-ray machines, of which 217 were operational. During the year, 282,000 X-ray examinations were conducted, with an average workload of 3.8 examinations per working X-ray machine per day. Additionally, there were 42 fluorography devices, 39 of which

were functional. A total of 328,000 fluorography examinations were carried out, with the workload per device increasing from 24.9 to 27.4.

Ultrasound diagnostic devices numbered 58, with 52 in operation. The total number of ultrasound examinations performed reached 750,000[2].

In 2005, a total of 413,323 patients were treated and discharged from hospitals in the Fergana region, with patients spending 4,800,297 bed-days. The average length of stay across the region decreased slightly from 310 days in the previous year to 307.4 days.

Across regional medical institutions, the average length of stay was 319.2 days, while in specialized facilities it varied: 139.6 days at the regional dental hospital, 272.9 days at the regional urology center, 290.7 days at the regional maternity hospital, 263.8 days at the regional dermatology and venereology dispensary, and 247.4 days at the cardiology dispensary.

The region had 423 outpatient clinics and polyclinics, with a one-shift capacity of 40,414 visits, representing an increase of 801 visits compared to the same period in the previous year[2].

In conclusion, during the early years of independence, the healthcare sector in the Fergana region underwent significant evolutionary changes. Several challenges in maintaining public health persisted. The existing infrastructure of the healthcare system was weakened. During this period, cardiovascular diseases, diabetes, and oncology cases increased most notably in the valley regions. Additionally, ecological problems (soil degradation, water scarcity) and certain local infectious diseases became more prevalent. The family medicine system was insufficiently developed, which hindered timely access to medical care for the population.

In this period, initial steps were taken to modernize the healthcare sector, although tangible positive results required time. Gradually, investments in healthcare increased. New medical institutions and modern laboratories began to be established. Through cooperation with state and international organizations, modernization of healthcare and effective strategies to combat high-risk diseases were achieved. National vaccination programs, best practices for ensuring public health, and new preventive measures were implemented.

REFERENCES:

1. Fergana Regional State Archive, Fond 1220, Inventory 1, File 60, Back of Sheet 22.
2. Current Archive of the Fergana Regional Health Department.
3. National Archive of Scientific, Technical, and Medical Documents of the epublic of Uzbekistan, M-37 Fund, Inventory 1, File 164.
4. Archive of the Administration of the President of the Republic of Uzbekistan, Andijan Region Branch, Fund 4141, Inventory 4, File 21.
5. https://lex.uz/ru/docs/-245890