



TRANSFORMATION OF THE HEALTHCARE SYSTEM IN NAMANGAN REGION (1940–1980S): PROBLEMS, INSTITUTIONAL REFORMS, AND OUTCOMES

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Annotation: *This article examines the historical formation of the healthcare system in the Namangan region, its development trajectories during the Soviet period, as well as post-independence reforms and their effectiveness. The main focus is on the period from the 1930s to the 1980s, analyzing the number of medical institutions, quality of services, staffing levels, and positive changes within the system. The study is based on archival documents, statistical data, and newspaper materials, and it explores existing problems and their possible solutions.*

Keywords: *healthcare, Namangan region, history of medicine, reforms, medical institutions, social protection, epidemiology, malaria, SES, tropical station, DSI, outpatient clinic, medical point.*

Introduction. In the 21st century, amid rapid development and the growing number of global challenges worldwide, medicine continues to evolve steadily both as a science and as a field of practice. This progress is also reflected in our national healthcare model [1]. In Uzbekistan, a number of legal and regulatory documents related to the healthcare sector have been developed and are being implemented in practice. Among them are the Laws of the Republic of Uzbekistan “On State Sanitary Supervision” adopted on July 3, 1992 [2], “On Protection of Citizens’ Health” adopted on August 29, 1996 [3], the Decree of the

President of the Republic of Uzbekistan I.A. Karimov dated November 10, 1998 “On the State Program for Reforming the Healthcare System of the Republic of Uzbekistan” [4], as well as the Law of the Republic of Uzbekistan No. PD-685 dated April 26, 2021 [5].

Literature Review. In the process of classifying and typologizing sources related to the history of the healthcare system in Uzbekistan, the source base of the research can be divided into the following main groups:

- archival documents and materials;
- published official documents and collections of materials;
- periodical press materials;
- research works conducted by scholars in this field.

In writing this article, extensive use was made of materials from the funds preserved in the State Archives of the Republic of Uzbekistan and the Namangan Regional State Archive, which belong to the first group.

The documents of Fund 561 of the Namangan Regional State Archive, as well as materials from Fund 40 of the Central State Archive of the Republic of Uzbekistan, along with newspaper and journal publications, made it possible to describe the problems that arose in detail.

Particular attention in the article is given to statistical collections, whose data and precise figures helped reveal the realities of the healthcare system during the Soviet period. In addition, the works such as “Healthcare System in Uzbekistan” by Gavkhar Muminova, “History of Medicine” by T. S. Sorokina, and “Epidemiology” by O. M. Mirtazaeva contributed to a clearer understanding of the essence of Soviet policy in protecting public health.

Research Methodology. The history of the healthcare sector during the Soviet period in Uzbekistan has not yet been studied as a separate research object based on modern theoretical and methodological approaches. However, since one of the central directions of state policy has been the development of healthcare and medicine, the analysis of this issue requires a comprehensive approach. This is because the protection of public health significantly influences the economic, social, and spiritual conditions of society.

Analysis and Results. In the long and ancient history of our homeland, the Namangan region holds an important place due to its rich historical heritage and high cultural development. In particular, it has contributed to the development of the country in areas such as healthcare, education, agriculture, industry, and construction, and indeed in all sectors in general.

The main goal of the reforms carried out in the healthcare system is to serve people and their interests. The effectiveness of these reforms can be observed in the positive changes within the system. After independence, significant efforts have been made to strengthen public health: the quality of medical services has improved, the material and technical base of healthcare institutions has been enhanced, and, most importantly, the problem of staffing within the system is being addressed.

Based on the above, a scientific study of the problems, reforms, and functioning of medical institutions in the Namangan region during 1940–1980 is of great relevance. The Namangan region was established on March 6, 1941, by a decree of the Presidium of the Supreme Soviet of the USSR (prior to this, its territory was part of the Fergana region) within

the Uzbek SSR. The region included the districts of Kosonsoy, Namangan, Norin, Pop, Turakurgan, Uychi, Uchqurgan, Chust, and Yangiqurgan, as well as the cities of Namangan and Chust, which were subordinated to the region.

In 1950, Chortoq district was established, and in 1952, Zadaryo district was formed. Both of these districts were abolished in 1959.

On January 25, 1960, the Namangan region was dissolved, and its territory was incorporated into the Andijan and Fergana regions (the city of Namangan was directly subordinated to Andijan). The region was re-established on December 18, 1967. During its restoration, the region included the districts of Zadaryo, Namangan, Pop, Uychi, Uchqurgan, Chust, and Yangiqurgan, as well as the city of Namangan.

In 1970, Turaqurgan district was established; in 1973, Kosonsoy and Norin districts; and in 1980, Chortoq district. In 1969, Chust; in 1974, Uchqurgan; in 1979, Kosonsoy; in 1983, Chortoq; and in 1988, Hakkulobod were granted the status of cities subordinated to the region [6].

At the beginning of the 20th century, European-type hospitals were established in the Namangan uyezd. In 1913, two hospitals with a total capacity of 22 beds and staffed by 12 physicians were operating in the region. By the 1920s, the number of healthcare institutions gradually increased. One of the main reasons for this was the opening of the medical faculty at Turkestan State University, which in 1922 was transformed into the Tashkent Medical Institute.

In 1924, in the Namangan uyezd (**district**), there were 6 hospitals, 9 outpatient clinics, 2 women's departments, 3 children's departments, 12 feldsher stations, and 4 malaria control stations [7].

Looking back at history, although an outpatient clinic was opened in the local residential part of Namangan city in the mid-20th century, it did not operate due to instability in the city. Medical points were also established in the villages of Chust, Pop, Chortoq, Koson, Zarkent, and Aleksevskiy. However, due to the war, medical personnel were evacuated [8].

By the 1930s, the first maternity hospital in the region began operating within the city hospital. This marked one of the significant changes in the history of healthcare for the population of Namangan. From 1940 onwards, a systematic healthcare service was introduced for the population of the Namangan uyezd. During this period, the number of hospitals, polyclinics, and qualified physicians increased significantly. By the beginning of 1940, the number of hospitals had reached 25, with more than 800 hospital beds, while the number of children's polyclinics and outpatient clinics reached 18. Following the establishment of Namangan region on March 11, 1941, a regional hospital was opened. Until 1950, particular attention was paid to improving the material and technical base of healthcare institutions.

By 1989, the population of Namangan region was better provided with physicians and mid-level medical personnel. However, this did not fully meet the population's demand for effective medical services. "During the year, 300 hospital beds were prepared, and outpatient and polyclinic institutions capable of serving 1,380 patients per shift were put into operation. The plan for commissioning hospitals was fulfilled by 100%, while that for outpatient and polyclinic institutions reached 108.6%."

A 200-bed sanatorium was commissioned using funds from collective farms. The infant mortality rate (the number of children dying before reaching one year of age per 1,000 live births) decreased in the region. This was largely due to improved medical services for women and children, as well as the creation of favorable working conditions for women [9].

However, it should be noted that in the post-war period, doctors worked under very difficult conditions. Archival records from 1948-1953 in the Namangan region contain limited documentation related to malaria. In 1948-1949, 2,120 cases of malaria were registered, accounting for 2.38% of the population. This indicates the challenges faced by physicians in improving sanitary conditions and combating infectious diseases.

Among 9,364 residents examined for malaria in Namangan city, malaria parasites were detected in 168 individuals. These individuals were identified as carriers, with a parasite index of 1.79%. In 1949-1950, 1,255 people were infected with malaria, representing 5.9% overall. Among 814 examined patients, 9 carriers were identified, with a parasite index of 1.1%. In total, 1,264 individuals were infected with malaria, accounting for 1.9% of the population. The incidence of malaria decreased by 40.8%.

In 1950-1951, 1,129 cases of malaria were recorded, corresponding to 1.25% of the population. In 1951-1952, malaria was detected in 854 individuals (0.85%), and in 1952-1953, 312 cases were identified (0.31%). The disease was most prevalent in the northeastern part of Namangan city. One of the main reasons for this was the prolonged lack of leadership at the anti-malaria station of Polyclinic No. 2 in Namangan river.

However, within three weeks, the regional anti-malaria station staff managed to reduce the incidence threefold through intensive intervention. Effective treatment was achieved through systematic and chemoprophylactic measures [10].

IN 1947, THE STAFF OF THE STATE SANITARY INSPECTORATE (DSI OF NAMANGAN REGION):

No	Workplace	State Sanitary Inspector	Head of SES	Position
1	Senior DSI	Jukova	Jukova	Physician
2	Food Safety DSI	None	None	None
3	Communal DSI	Mirsaidov	None	Physician
4	Industrial DSI	Roxinson	None	Engineer
5	Urban Construction DSI	Roxinson	Roxinson	Physician
6	City Communal DSI	Vertinskiy	None	Feldsher
7	City Industrial DSI	Shekhter	None	Physician
8	City Food Safety DSI	None	None	None

9	Chust City	Karpova	Karpova	Feldshe r
10	Namangan District	Lutfillay ev	Lutfillay ev	Physicia n
11	Kosonsoy District	None	None	None
12	Norin District	Glinchek a	None	Physicia n
13	Pop District	Arslanov	None	Feldshe r
14	To'raqo'rg'o n District	Urunov	None	Physicia n
15	Uychi District	None	None	None
16	Uchqo'rg'on District	G'ulomov	None	Physicia n
17	Chust District	None	None	None
18	Yangiqo'rg' on District	None	None	None

The table clearly shows that the staffing situation in the State Sanitary Inspectorate was крайне inadequate. At the same time, physicians had to perform additional duties beyond their primary responsibilities [11]. This created significant challenges in combating infectious diseases.

Conclusion and Recommendations. Based on the above data, it can be concluded that the sanitary and epidemiological situation in the Namangan region was in a critical state. The incidence of infectious diseases was high, while the measures taken to combat them were insufficient. Nevertheless, thanks to the dedication and selfless work of medical personnel, it was possible to significantly reduce diseases such as typhus, typhoid fever, dysentery, toxic dyspepsia, rubella, whooping cough, malaria, tuberculosis, measles, and other infectious diseases. The complete eradication of some diseases required considerable time.

Due to the tireless efforts of physicians, the dissemination of medical knowledge among the population, and their commitment to alleviating people's hardships, the sanitary and epidemiological situation in the region improved to some extent. Preventive measures carried out among the population helped partially prevent массовые outbreaks of infectious diseases, particularly in major cities of Uzbekistan, including Namangan, and enabled the establishment of state sanitary-epidemiological control over the situation.

However, in smaller towns and rural areas, conditions remained largely unchanged. In some regions, up to 90% of the population suffered from infectious and socially significant diseases such as malaria, trachoma, and tuberculosis, leading to widespread hardship among rural inhabitants. The spread of such diseases was обусловлено both objective and subjective factors.

As a result of studying the history of the healthcare sector in Namangan during 1948-1953, the following recommendations can be proposed: at present, in order to prevent and eliminate socially significant diseases, it is essential first of all to improve the material

living conditions of the population and ensure access to adequate and high-quality nutrition, which should be considered a priority.

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