

Problems and Solutions of the System of Medical Services for the Rural Population of Uzbekistan

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Annotation: This article reflects the analytical views and comments on the reforms implemented in the provision of primary health care to the rural population in rural areas (RPCs) in the years of independence, the existing problems and their solutions.

Keywords: Health, province, village, population, QVP, demography, doctor, nurse, sanitation, medical equipment, pharmacy.

As a result of large-scale reforms implemented during the years of independence, the health care system has changed radically. The technical base of polyclinics and hospitals has been enriched with modern medical equipment. New diagnostic centers, treatment and rehabilitation centers, sanatoriums have been built and put into operation. However, the fact that this noble work is carried out mainly in large cities and regional centers forces the population living in remote areas and villages to travel long distances for quality medical care, and as a result, patients are often delayed.

However, during the years of independence, some changes have been made to improve the provision of primary health care to the rural health centers, which are the primary link in the health care system. Particular attention was paid to the provision of quality medical services to the population, the implementation of innovations in the field, reproductive health.

The main goal of reforming the rural health care system was to improve the quality of high-quality, modern medical services for the rural population. In particular, the QVP is the primary and main link in providing medical services to the rural population.

According to the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 182 of May 21, 1996 "On the State Program of Rural Social Infrastructure Development for 1996-2000", the order of the Ministry of Health of the Republic of Uzbekistan No. 464 of May 30, 1996 established rural medical centers [3; Page 60].

Initially, in 1996, 307 rural medical stations were established in the country. They had 237 physicians, while in 2004 their number was 2,566 and the number of physicians was 6,174 [3; Page 60].

Between 1996 and 2008, 37.4% of 3146 rural medical stations and 23 rural medical stations (urban medical stations) providing primary health care to the population were built on the basis of special projects, 62.6% were reconstructed. 20.8 billion soums were spent to equip them. [3; Page 60].

The First President of the Republic of Uzbekistan I. Karimov adopted the Resolution No. PF-2107 of November 10, 1998 "On the State Program of Healthcare Reform of the Republic of Uzbekistan". According to the program, a draft reform for 1998-2005 was developed. According to him, the radical improvement of the quality and efficiency of medical services provided to the population, protection of motherhood and childhood, strengthening the material and technical base of medical institutions, the introduction of advanced technologies and new methods of disease prevention and treatment [3; Page 60].

In accordance with the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan dated March 18, 2008 48 sleep, the Regulation "On rural medical points" included the following, the production of new rural medical points and the order of economic development. was introduced as a treatment for prophylaxis **[3; Page 60]**.

The rural medical stations will be organized taking into account the location of the population in rural areas, the number and location of settlements, the scope of services, the development of the road network, agricultural production and other types of production. QVPs were established in the form of a state institution and received the status of an independent legal entity. The provision of quality primary health care to the rural population on the basis of the principles of general practitioner and family medical and social services was identified as the purpose of the establishment and operation of the rural medical station. According to the regulations, QVPs are divided into 4 groups depending on the population:

I group QVP -1500 population

II Group QVP -1500 to 3500 population

III Group QVP -3500 to 6000 population

IV Group QVP -6000 to 10,000 population **[3; 60 sheets]**.

Memorial designs of QVP buildings, standards for its water, electricity, sewerage, heating system and communication facilities have been developed. Efforts were made to provide the QVPs with the necessary medical equipment, apparatus, devices, consumables to provide qualified primary health care to the population.

At the same time, despite the state's focus on the health care system, the main directions of reforms in the system are the lack of control by health agencies, especially in the creation of a system of interdependence between national institutions, regional hospitals and district associations. and there were problems with the organization of medical services at the level of demand, the strengthening of their material and technical base.

The main tasks of the rural medical center are: provision of medical services for the prevention and treatment of common diseases in rural areas, timely medical advice, referral to specialized medical institutions for hospitalization of patients with rare and uncommon variants of the disease. , provision of emergency medical care to the population of the service area before hospitalization in accordance with the standards of diagnosis and treatment, prevention and reduction of morbidity, injuries, disabilities and deaths among the population served, etc.

According to the analysis, the departure of doctors from rural health posts was observed due to the lack of adequate incentives for the involvement of general practitioners in the primary health care sector in rural areas. It was found that such problems are more common in the Republic of Karakalpakstan, Syrdarya and Kashkadarya regions.

Sometimes, due to the shortage of highly educated medical staff, the QVPs were headed by an ordinary paramedic. For example, in the Republic of Karakalpakstan 20, in Tashkent region 3, in Kashkadarya region 12, in Navoi and Surkhandarya 5 paramedics worked instead of doctors **[2; 65 pages]**.

When the condition of the QVP buildings was studied, the main part of the buildings was 17 or 0.5% in 1936-1970, 70 (2.2%) in 1971-1990, 870 (27.7%) in 1992-1998 and 2156 or 68, 6% were built and commissioned in 1999-2007. In 2008-2009, 33 QVPs (1.0%) were commissioned. Buildings built before 1990 are mainly registered in Kashkadarya (60), Khorezm (21) and Samarkand (12) regions. At the same time, the new construction is in Samarkand (138), Kashkadarya and Bukhara (117), Surkhandarya (114), Andijan (97) regions **[2; 63 pages]**.

In order to study the readiness of buildings for equipping rural health posts in the framework of the project "Health-2" as of May 1, 2009 2040 rural medical stations were considered, of which 663 (32.5%) are not ready to receive equipment, 573 rural medical stations, 522 rural heating systems 596 QVPs were found to be in poor condition. 1090 (33.4%) rural health posts are not equipped with communication systems [2; 63 pages].

Resolution of the Cabinet of Ministers of the Republic of Uzbekistan dated March 5, 2014 No 50 "On measures to further optimize and increase the efficiency of rural medical centers." According to him, together with the Ministry of Finance and the Ministry of Labor and Social Protection, new state norms for rural medical centers have been approved. According to the new state schedule, the workload of rural health posts for patronage nurses has been reduced, resulting in 1.5 state units per 2,000 population. (1.0 state units per 2,000 population under the previous norm). The post of paramedic in rural medical centers was abolished and replaced by the position of senior nurse [2; 81 pages].

President of the Republic of Uzbekistan Sh. On January 5, 2017, Mirziyoyev met with health professionals at the enlarged meeting of the Cabinet of Ministers "On the main results of socio-economic development of the country in 2016 and the most important priorities of the economic program for 2017." gave instructions on. He stressed that the health of our people, especially in the future of the younger generation, will be in the spotlight [1].

On November 9, 2020, a meeting organized by the Committee on Public Health of the Legislative Chamber of the Oliy Majlis was held. At the meeting, the head of state noted that there are more than 20,000 medical staff in rural medical centers and family clinics, and only 12,000 specialists work there. Because today, the profession of general practitioner is not attractive for university graduates. There is no focus on staff motivation, skills and promotion.

Therefore, the President stressed the need to attract doctors to the lowest level - rural medical centers and family clinics - by creating appropriate conditions for doctors. To this end, the program "Rural Doctor" will be introduced for the primary health care system in remote areas, and doctors hired under this program will be provided with one-time cash benefits, they will be given preferential mortgage loans to buy a car and a house. The participation of members of parliament in the development and implementation of this program is also important [1].

In conclusion, it should be noted that due to the ongoing reforms in the health sector, in particular, in the rural health posts, a number of achievements have been made in protecting the health of the population in our country. Urban and rural medical facilities have been modernized and equipped. Reforms in this area in our country are primarily aimed at the well-being and prosperity of the people of this country, as well as a happy and healthy life.

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