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Reorganization Of Rural Medical Service In Uzbekistan And Its Problems (As An Example Of 1957)

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Abstract

This article examines the reorganization of rural medical services in Uzbekistan in 1957 and the challenges associated with it, based on archival documents and statistical data.

Keywords: Medical service, healthcare system, rural areas, hospital, doctor, sanitary-epidemiological station, district.

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1. Introduction

In the late 1950s, the process of reforming the administrative-management system began across the Soviet Union, and one of the important directions of this policy was aimed at centralizing the healthcare system and increasing its efficiency. In the Uzbek SSR, these reforms were carried out by improving medical services in rural areas, reducing unnecessary administrative links, and merging healthcare institutions with the sanitary-epidemiological service. The decrees of the USSR Minister of Health "On the structure and staffing standards of medical personnel in rural district and district hospitals" (1951) and "On improving the provision of medical care to the rural population" (1953) were of great organizational importance for the further development of agriculture [1:43]. The main problems of developing and improving rural healthcare and medical-preventive services to the rural population were discussed.

2. Methods

In the late 1950s, the improvement of the rural healthcare system in the Uzbek SSR was identified as one of the important directions of state policy. This process was carried out on the basis of the Resolution of the Council of Ministers of the Uzbek SSR No. 286 of May 16, 1957 and the Order No. 1145-r of July 31, 1957 on ensuring its implementation.

3. Results And Discussions

The materials of the Collegium of the USSR Ministry of Health of August 9, 1957 (Protocol No. 21) clearly show the scale, content and results of the reform of the district link in the rural health care system. First, the organizational solution tested in 1956 in one district of the Uzbek SSR and the Altai Territory - the unification of the district hospital and the district sanitary and epidemiological station under a single management - was expanded by 1957 and introduced in a total of 725 districts, covering the RSFSR, Ukraine, Lithuania, Moldova, Kazakhstan and other republics [2:33]. The Collegium emphasizes that this model is fully consistent with the decisions of the Central Committee of the CPSU

and the Soviet government aimed at simplifying management and optimizing the administrative apparatus. In the spring of 1957, the decisions adopted by the Bureau of the Central Committee of the CPSU of Uzbekistan (April 15) and the Council of Ministers of the Uzbek SSR (May 16) were aimed at simplifying the apparatus of state administration bodies at the district level and improving its structure, with the aim of increasing the efficiency of governance at the republican level. The essence of this reform was to reduce the redundant link in the administrative apparatus, streamline the management system, and effectively coordinate the activities of sectoral ministries at the local level. However, the report of the Ministry of State Control of the Uzbek SSR of July 15, 1957 shows that the implementation of these decisions was not sufficiently ensured. According to the results of the control, the heads of most ministries did not fulfill the assigned tasks, did not submit specific proposals to the Council of Ministers, and did not take the necessary measures to collect practical data in the fields. This situation clearly demonstrated the irresponsibility of the state administration system, the weakness of organizational discipline, and the lack of communication between the center and local units. The results of the inspection conducted by the state control bodies showed that the Ministry of Health of the Uzbek SSR did not do enough to implement these decisions. The Ministry showed a lack of initiative and passivity in its activities in implementing the tasks assigned to it. First, the Ministry, together with the party and executive committees, did not develop and discuss specific proposals for simplifying the management apparatus of district hospitals and sanitary and epidemiological stations. This situation indicates that the practical implementation of the decisions taken to improve the management structure in the republic at the local level was not ensured.

According to the audit materials, the ministry limited itself to general instructions in the process of reorganizing the healthcare system in rural areas, that is, it did not provide methodological or organizational assistance. This situation clearly demonstrates the disconnect between the real mechanisms of reforms and their practical implementation. Such a formal attitude of the central apparatus led to uncertainty, lack of initiative and imbalance in the activities of local healthcare departments and hospitals.

Only on July 8, 1957, after critical conclusions of the State Control Bodies, the Ministry of Health sent its employees to the regions and organized practical assistance in the reorganization process [2:38]. This situation indicates that the central body acted only under the influence of external control, and its ability to independently manage the reform process was weak. From a scientific point of view, this situation can be assessed as a classic manifestation of institutional weakness in the Soviet-era management system. That is, the reforms initiated by higher bodies in the decision-making process did not produce full results in practice due to the lack of executive discipline, responsibility, and interdepartmental cooperation. Therefore, the events of 1957 demonstrated the limited capabilities of centralized management in the healthcare system of the Uzbek SSR, the insufficient development of organizational mechanisms at the local level, and the low potential of personnel. This situation served as an important lesson for the reforms carried out in the health sector in subsequent years, that is, it showed that in order to increase the efficiency of management, it is necessary not only to make decisions, but also to systematically monitor their practical implementation and strengthen institutional responsibility. The Ministry did not take any measures to regulate the staff of medical personnel in these districts, although a special order of the Ministry of Health of the Uzbek SSR was issued on this issue at the end of March 1957. In order to study the practical implementation of the reorganization, in early July 1957, special commissions were sent by the Ministry of Health to all regions. Their reports were discussed at the ministerial board on August 8, which was attended by regional health chiefs and heads of sanitary and epidemiological stations.

In August 1957, at a meeting of the Board of the Ministry of Health of the Uzbek SSR in Tashkent, the issues of reorganization of the rural district link were discussed in detail. During the discussions of the Board, the issues of improving the health care system and effective management of medical institutions at the district level were identified as one of the important tasks of the republic. In accordance with the resolution of the USSR Council of Ministers, the reorganization of the rural health care system on the territory of the Uzbek SSR was planned in 34 districts, of which reorganization work was carried out in 32 [2:29]. Work on the reorganization of the health care system began in many regions within the established deadlines. In particular, in Samarkand, Tashkent, Khorezm and other regions, the reorganization process was well organized by regional health

departments, this issue was discussed at regional medical councils, and specialists from medical and sanitary-epidemiological institutions actively participated. At the same time, the delays in work in Kashkadarya and Surkhandarya regions showed that organizational and personnel issues in the system have not yet been sufficiently resolved. As noted in the materials of the board, although special seminars were organized for district chief physicians and their deputies in all regions, in some regions these events did not bring sufficient results. This is explained by the low level of initiative in the field of healthcare and the lack of methodological guidelines. The failure to develop plans and instructions necessary for working in new conditions in many districts hindered the full implementation of the reorganization process. At the same time, an analysis of the activities of medical and preventive institutions showed that the reforms yielded effective results in those districts where experienced and organizationally capable personnel were appointed as chief physicians. For example, in Markhamat and Kuvasoy districts of Andijan region and in Payarik district of Samarkand region, the activities of medical institutions improved, and a clear division of tasks between doctors was ensured.

Results of the reorganization. As of January 1, 1958, it was noted that the reorganization work was fully completed in 64 of the planned 81 districts [2:25]. This result can be assessed as the result of the organizational and methodological work carried out to reorganize the healthcare system. At the same time, an important practical step in this process was the coordination of the activities of medical institutions at the district level, strengthening cooperation between health departments and local authorities. However, in 17 districts, the reorganization work was not carried out within the established time frame. This situation revealed a number of problems in the system. In particular, in Tashkent, Andizhan, Termez, Samarkand, Karshi and Urgench districts, the shortage of doctors appeared as the main obstacle in the healthcare system. The shortage of personnel made it difficult not only to reorganize healthcare institutions, but also to fully establish their activities. This situation indicated the need to further improve the system of training medical personnel in the republic. Also, in some districts of Bukhara and Khiva regions, reorganization work was not carried out because the activities of district hospitals were assigned to city hospitals. This showed that administrative and organizational powers were not clearly separated, and the level of independence of medical institutions at the local level was insufficient.

Thus, data from early 1958 indicate that although the reforms in the rural health care system had yielded certain results, factors such as the lack of personnel in the system and the imbalance of management powers limited its full implementation. This situation subsequently determined the need to develop new measures aimed at improving the rural medical service system, training doctors, and centralizing administrative management. The increase in the quality of medical services in some districts ensured the effectiveness of preventive measures, such as early detection of infectious diseases and timely hospitalization of patients. While sanitation work was established in the Bogat district of the Khorezm region, unlike Namangan, work in this direction was slow in the Turakurgan district. As a result of the reorganization of the rural health care system and the abolition of the independence of sanitary stations, the number of medical workers working in sanitary departments decreased. This situation had a negative impact on the activities of the former sanitary stations, which were especially important in the conditions of the Uzbek SSR, namely in the fight against malaria and other parasitic diseases. The association model turned the district hospital into not only a treatment institution, but also a center for coordinating sanitary and preventive activities, organizational, methodological and administrative management. Thus, the directions of prevention, early detection of diseases and epidemiological surveillance were combined in a single chain, and the functional integrity of medical services in rural areas was strengthened. The main institutional result of the reform was the expansion of the possibilities for decision-making, resource allocation and coordination of personnel activities through a single center at the district level. However, the collegium statement also notes shortcomings in management and methodological support, despite the geography and pace of the reform. In particular, the incomplete implementation of the instructions given in the board's resolution of October 20, 1956, and the insufficient promotion of the accumulated positive experience, limited the rapid and uniform transfer of the model model. There are 29 more positions in the district medical associations of the Tashkent region, and the number of doctors is especially excessive in the sanitary and epidemiological departments and polyclinics, but despite this, there is a shortage of secondary medical personnel in medical institutions [2:39].

In some districts where the position of chief physician had not yet been introduced, this function was temporarily assigned to the former head of the district health department. At the same time, in accordance with the order of the USSR Ministry of Health No. 278 dated July 27, 1957, the administrative apparatus was reduced on the basis of a model regulation: two positions in each organization - the head of the district health department and the inspector - were abolished. This served to simplify the administrative structure to a minimum and centralize management resources. The materials of the commission showed that as a result of the reorganization of the rural health sector, management efficiency increased to a certain extent: the division of administrative tasks was clarified, coordination in the activities of medical institutions increased, and organizational discipline was strengthened at the district level. At the same time, the head physician of the district hospital became the organizational and methodological center of the health system. However, negative aspects of this reform were also observed. Most importantly, the abolition of the independence of sanitary and epidemiological stations weakened the activities of the sanitary service. The number of sanitary workers in the reorganized districts decreased, which especially negatively affected the activities of parasitology departments. In the Soviet medical system, these departments were of decisive importance in the fight against malaria, helminthiasis and other parasitic diseases. At the same time, 9 positions of doctors were established for category II sanitary and epidemiological stations in 72 districts with a population of more than 30 thousand, two of which were allocated for parasitologists [2:41]. Although this structure was scientifically aimed at optimizing the sanitary service, in practice it did not work fully due to a shortage of personnel and a weak material base.

4. Conclusion

In conclusion, it should be noted that the reorganization of 1957 marked a new stage in the management of the rural health system. On the one hand, this reform simplified the system by reducing the administrative apparatus and centralizing management; on the other hand, it led to problems such as the institutional weakening of the sanitary service and a decrease in the effectiveness of the fight against parasitic diseases. Therefore, the experience of this period indicates that organizational reforms in the health system should have included not only the administrative structure, but also scientifically based sanitary and preventive mechanisms. Only then would it be possible to ensure a stable and effective system of medical services for the rural population. According to the standard staffing of district sanitary and epidemiological departments, a total of three doctor positions were provided even in areas with a population of more than 35 thousand people [2:42]. Therefore, when sanitary and epidemiological departments were merged into district health institutions, the number of medical positions was sharply reduced. In addition, 72 epidemiological points within the sanitary service were also reduced [2:42]. This situation reduced the effectiveness of the system for combating infectious and parasitic diseases and led to a deterioration in the quality of work on combating malaria and helminthiasis. This is a particularly significant problem at a time when important tasks are being carried out in our republic to eliminate malaria and eliminate its foci.

References

1. Aripov S.A., Aripova T.U., Khusanbaeva A.K. Rural health care in Uzbekistan. – Tashkent, 1985.
2. National Archive of Scientific, Technical and Medical Documents of Uzbekistan (National Archive of Scientific, Technical and Medical Documents of Uzbekistan), Fund R.59, List 1, File 33.