



Modern Management System in the Field of Health Care of the Republic of Uzbekistan

Razakov Timur Rustamovich ¹, Ibragimova Feruza Ikromovna ²

¹ University of World Economy and Diplomacy

² Bukhara State Medical Institute, Bukhara, Uzbekistan

Abstract: In the context of globalization and interregional competition, Uzbekistan needs to ensure integration into the world economy, competitiveness in international markets, in order to provide the economic basis for a strong social policy. To achieve this goal, proportional development of each region is necessary, including the development of education and healthcare, since the country's economy as a whole depends on the return of administrative-territorial units.

Key words: inter-regional competition, resource, quality health care system Republic of Uzbekistan, social policy, healthcare.

Improving the quality of education and healthcare in all regions of the republic is recognized as an important area of social policy in Uzbekistan, because the level of education and health of the population are the determining components of the quality of labor resources and intellectual potential, which directly affects the socio-economic development of the country and region. Therefore, systematic monitoring of relevant indicators is required to assess the measures taken, the implementation of programs to improve education and health systems and their impact on the standard of living of the population in the regions.

The creation of a high-quality health care system in the country that ensures the preservation and improvement of the health of the population, the formation of conditions for the upbringing of a healthy generation, is a priority area of state policy. The government pays special attention to the creation and strengthening of the legal foundations for the further development of healthcare based on demographic processes and the priorities of the socio-economic development of the republic. In particular, within the framework of the Action Strategy for five priority areas of development of the Republic of Uzbekistan in 2017-2021. the following tasks are defined in relation to the protection of public health:

- further reformation of the healthcare sector, primarily primary care, emergency and emergency medical care, aimed at increasing the availability and quality of medical and socio-medical services for the population, the formation of a healthy lifestyle for the population, strengthening the material and technical base of medical institutions;
- further implementation of comprehensive measures to improve family health, protect motherhood and childhood, expand the access of mothers and children to quality medical services, provide them with specialized and high-tech medical care, and reduce infant and child mortality;
- further development and improvement of the system of medical and social assistance to pensioners, the disabled, lonely elderly and other vulnerable categories of the population to ensure their full life;

- further development of the pharmaceutical industry and improvement of the provision of the population and medical institutions with affordable, high-quality medicines and medical products, the implementation of measures to prevent unreasonable price increases for them;
- Ensuring a decrease in the morbidity rates of the population and an increase in the life expectancy of the population.

In order to successfully implement the tasks set, the Decree of the President of the Republic of Uzbekistan PP-3894 dated August 2, 2018 “On measures to introduce an innovative model of healthcare management in the Republic of Uzbekistan”, Decree of the President of the Republic of Uzbekistan PP-5590 dated December 7, 2018 “On comprehensive measures to radically improve the healthcare system of the Republic of Uzbekistan”, the Concept for the Development of the Healthcare System of the Republic of Uzbekistan for 2019-2025 was developed, in accordance with the regulatory legal acts of the Republic of Uzbekistan regulating activities in the field of healthcare, as well as international treaties in the field of protection health of the population within the framework of the regional policy Health 2020 and the Sustainable Development Goals 2030

The state and quality of health care in the territorial context can be assessed on the basis of a system of indicators and indicators that characterize the level of morbidity, mortality, the prevalence of socially significant diseases, and the material and technical base. They can be combined into four components, consisting of the following blocks: morbidity, mortality, material and technical base, personnel (Table 1).

Table 1. System of indicators (indicators) for monitoring the level and quality of healthcare in the regions of Uzbekistan

Main Components			
Incidence indicators	Mortality indicators	Inventory indicators	Human resources indicators
General morbidity Territorial distribution of the most significant diseases: Respiratory diseases Blood diseases Diseases of the digestive system Injury and poisoning Diseases of the genitourinary system Diseases of the endocrine system eating disorders Metabolic disorders Incidence of infectious and parasitic diseases Diseases of the nervous system Diseases of the circulatory system	Total mortality infant mortality maternal mortality Child mortality	Number of hospital beds Capacity of outpatient clinics Power of rural medical stations	Availability of doctors of all specialties Provision with paramedical personnel

Source: IPMI developments.

With regard to regional monitoring at various levels, the above system of indicators (indicators) of health care quality is concretized in accordance with the information capabilities and practical expediency of calculation and analysis, taking into account the specific features of the territories.

According to the State Committee of the Republic of Uzbekistan, the average life expectancy is 73.6 years. Among the regions, the highest indicator is in the Jizzakh region, with an indicator of 75.7 years, and the lowest in the Syrdarya region - 70.6. Success in increasing life expectancy can be recognized as full-fledged, provided that good health is maintained. This implies the need for the development of both preventive and rehabilitation medicine, and health improvement technologies,

and the effectiveness of measures should be assessed based on the quality of past and future years of life (Fig. 1.).

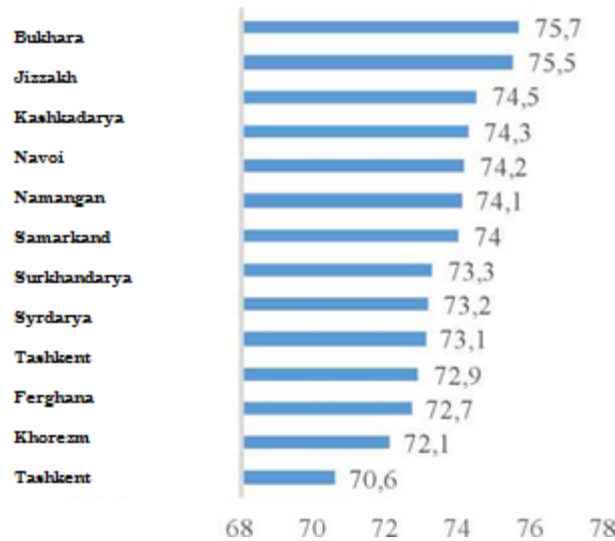


Figure 1. Life expectancy at birth by regions (for 2017, years)

The next indicator in health care, which is given special attention in the process of monitoring the health of the population by region, is based on the analysis of diseases by class. In our republic, the most common diseases of the respiratory system (168.00 per 1000 people) and digestion (75.683 per 1000 people), which is associated with a deteriorating environmental situation, as well as an unhealthy lifestyle and malnutrition. This is followed by diseases of the blood and hematopoietic organs and certain disorders of the immune system, organs of the genitourinary system, blood circulation, etc. In the context of regions, the overall picture by disease class does not change much, however, there are differences in the prevalence of a particular disease in certain regions (Fig. 2.) For example, in the Bukhara region, the state of respiratory diseases (28, 7%) is the most favorable among all regions of the republic, although diseases associated with injuries and poisoning (19.1%) have a larger share in comparison with other regions.

The indicator of the level of general morbidity, in fact, characterizes the final result of the ongoing reforms in healthcare. In 2003, this figure was 675.2 cases per 1000 population, and in 2017 - 417.2 cases per 1000 population. The incidence rate tends to decrease, and is also relatively low compared to the CIS countries, in particular Russia (1617 cases per 1000 population), i.e. almost 3.8 times lower.

Another positive point is that in 2000-2017. there is a decrease in interregional differentiation in general morbidity from 3.3 times to 2.4 times (Table 2.). There may be several reasons for this. Firstly, this is due to the improvement of conditions for the protection of the health of the population throughout the republic, programs for the protection of the health of mothers and children for several years. Secondly, people began to pay more attention to a healthy lifestyle, healthy eating and the prevention of certain diseases.

The grouping of regions according to the index of the general morbidity showed that in 2000 two regions, namely Syrdarya and Jizzakh, constituted a group of regions with a low level of morbidity. For 2005-2009 both of these regions, having worsened their indicators, remained in the group with their relatively low values, and by 2017 they moved into the group with an average level of morbidity.

**The level of differentiation of the general morbidity of the population (according to the index per 100 thousand population)
by regions of Uzbekistan**

	2000 y.	2005 y.	2009 y.	2017 y.
Republic of Uzbekistan	1,00	1,00	1,00	1,00
Republic of Karakalpakstan	1,11	0,89	0,85	0,92
Andijan	1,14	1,01	0,98	0,95
Bukhara	1,12	1,30	1,05	0,77
Jizzakh	0,58	0,49	0,80	0,83
Kashkadarya	0,86	0,93	0,95	0,85
Navoi	1,18	1,57	1,47	1,05
Namangan	1,28	1,12	0,89	1,04
Samarkand	0,63	0,79	0,85	0,84
Surkhandarya	0,78	0,73	0,76	0,91
Syrdarya	0,41	0,57	0,64	0,90
Tashkent	0,98	0,88	0,87	0,87
Ferghana	1,05	1,08	1,19	1,07
Khorezm	1,28	1,28	1,23	0,99
Tashkent	1,34	1,37	1,46	1,87
Interregional differentiation (times)	3,3	3,2	2,3	2,4

Source: calculated on the basis of data from the State Statistics Committee of the Republic of Uzbekistan

In the group of regions with an average level of morbidity, certain shifts occurred in 2005-2009. and 2017, the Republic of Karakalpakstan, Andijan, Khorezm, Namangan and Bukhara regions significantly improved their performance, moving into the group of regions with an average incidence rate, which shows a positive trend in these regions, which in turn affects the reduction in the level of differentiation between regions. In the group of regions with a high level of general morbidity, a decrease in the number of regions from 8 to 4 was observed. This circumstance also confirms the positive results of healthcare reform in the regions. Table 3

Table 3. Grouping of regions by general morbidity of the population (according to the index per 100 thousand population)

2000-2004 y.	Average value index	2005-2009 y.	Average value index	2017 y.	Average value index
1. High level - over 1,000					
Namangan	1,218	Namangan	1,024	Namangan	1,04
Fergana	1,114	Ferghana	1,120	Ferghana	1,07
Tashkent city	1,321	Tashkent	1,412	Tashkent	1,87
Navoi	1,322	Navoi	1,509	Navoi	1,05
Khorezm	1,313	Khorezm	1,232		
Bukhara	1,173	Bukhara	1,236		
Republic of Karakal-pakistan	1,048				
Andijan	1,040				
2. The average level is from 0.700 to 1,000					
Surkhandarya	0,735	Surkhandarya	0,747		0,91
Samarkand	0,743	Samarkand	0,811		0,84
Tashkent	0,927	Tashkent	0,844		0,87
Kashkadarya	0,861	Kashkadarya	0,945		0,85

		Andijan	0,978	Andijan	0,95
		Republic of Karakalpakstan	0,890	Republic of Karakalpakstan	0,92
				Syrdarya	0,91
				Khorezm	0,99
				Namangan	0,89
				Jizzakh	0,83
				Bukhara	0,77
		3. Low level -	do 0,700		
Syrdarya	0,490	Syrdarya	0,596		
Jizzakh	0,487	Jizzakh	0,685		

Source: Calculated based on data from the State Statistics Committee of the Republic of **Uzbekistan**.

As of January 1, 2018, there are 5296 outpatient clinics in the Republic of Uzbekistan. Their number compared with 1991 (3027) increased by 1.7 times. At the same time, the number of hospitals, on the contrary, decreased by 1.2 times. If in 1991 there were 1388 hospitals, then in 2017 their number was 1135 units, 43.4% (493) of which are small businesses.

At the beginning of 2017, the number of hospitals in the city of Tashkent amounted to 144 units, with 19.1 thousand beds (Fig. 3). The lowest rates were noted in Navoi (29 units) and Syrdarya (33 units) regions.

In recent years, the cost of medicine in our country has increased significantly. However, significant differences in obtaining medical services are due to the underdevelopment of road transport links and insufficient provision of modern equipment. It is recommended to improve the efficiency of distribution of medicines and the availability of medical care for socially vulnerable groups of the population (people with chronic illnesses, low-income people, rural residents). Indicators of human resources, of course, are no less important in the development of the health care system. It is noteworthy that in terms of the number of doctors per 10 thousand population, Uzbekistan (2.70 per 10,000 people) is on the same level with such developed countries as the USA (2.57), Great Britain (2.81), Japan (2.37), etc. At the same time, given that healthcare spending (in % of GDP) in Uzbekistan is 2-3 times less than in other countries, this ratio indicates a significant underfunding of doctors and nurses in Uzbekistan. As a result, despite the constant growth of medical graduates, the number of working doctors continues to decline. Due to the low level of salaries, some of the trained doctors leave for other countries, which increases the brain drain. Another problem is the shortage of narrow specialists, especially at the district level, which has developed due to the graduation of general practitioners (GPs) by medical universities and the insufficient graduation of masters. At the same time, there is a large shortage of trained GPs, which is due to the lack of motivation among young professionals to work in these positions in SVPs. Also, it is necessary to radically revise the training programs in medical universities, taking into account new trends in the global healthcare system.

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