

**STRUCTURAL FEATURES AND REGIONAL DYNAMICS IN THE
PROVISION OF MEDICAL PERSONNEL FOR THE POPULATION OF
THE FERGANA VALLEY (1991–2001)**

Mamasoliyeva Guldona Anvarbekovna

*Teacher of the Department of World History,
Andizhan State University*

Abstract: *This article analyzes the historical processes and institutional transformations in providing medical personnel for the population of the Fergana Valley during the first decade of independence.*

Keywords: *Fergana Valley, history of healthcare, medical personnel, healthcare provision, demographic density, Rural Medical Point, personnel transformation, medical migration.*

Following the attainment of state independence by the Republic of Uzbekistan in 1991, an urgent need arose for a fundamental reform of the healthcare system, a critical sector of the social sphere. Particularly during the first decade of independence, ensuring the provision of high-quality medical services and qualified physicians became a top state priority. In this process, the Fergana Valley stood out due to its distinct ethno-demographic and geographic characteristics. Although the valley constitutes a small fraction of the republic's total territory, it exhibited the highest indicators in terms of population density and the proportion of rural residents. The decline in the number of physicians and secondary medical personnel in Uzbekistan during the 1990s was driven by three primary factors. First, it was closely tied to migration processes; following independence, significant numbers of Jewish, Armenian, Meskhetian Turk, Russian, and other nationalities repatriated to their historical homelands. Second, local Uzbek specialists gained broader opportunities to seek lucrative employment abroad, particularly in African and Arab countries. Third, it was compounded by a reduction in enrollment quotas across medical higher education institutions.

Furthermore, prominent disparities emerged in the regional distribution of healthcare professionals. Because highly qualified physicians predominantly practiced in regional capitals and urban centers, severe staffing shortages surfaced in rural and remote districts. Given that more than half of the Fergana Valley's population resided in rural areas, this systemic imbalance directly affected the vast majority of the region's inhabitants[1].

During this period, similar to other sectors, the healthcare system in the valley regions experienced a series of institutional shortcomings. For instance, instances of professional negligence and abuse of official duties were documented among the personnel operating within the healthcare facilities of the Andijan region. Concurrently, in 1993, the Farg'ona Regional Health Department implemented targeted measures to enhance the quality of public medical care; leveraging the resources of regional hospitals, 36 mobile outreach missions were organized throughout the year to conduct clinical examinations. Through these efforts, highly qualified specialists provided specialized medical assistance to over 5,000 citizens. Furthermore, more than 1,000 patients diagnosed with complex pathologies were issued direct referrals to regional specialized hospitals[2].

By 1995, the country's healthcare workforce comprised 75,117 physicians across all specialties, 246,124 secondary medical workers, and 2,571 pharmacists. During this period, the total number of physicians in the Republic increased 1.06-fold compared to the initial year of independence. A total of 5,608 higher-educated specialists were trained, including 2,517 in general medicine, 2,083 in pediatrics, 321 in hygiene, sanitation, and epidemiology, 328 in stomatology, and 359 in pharmacy. Nevertheless, driven by continuous demographic growth, the shortage of medical personnel remained a highly pressing institutional challenge[3].

During this specific period, the Khokimiyat (regional administration) of the Andijan region, alongside healthcare organizations and institutions, implemented substantial measures to deliver high-quality and standard-compliant medical services, as well as to develop rural infrastructure. Out of 1,448 medical

professionals residing in state- and institutional-owned housing, 245 successfully privatized their residential properties. Furthermore, 1,604 healthcare workers were provisioned with personal land plots (tomorqa). Driven by the imperatives of the emerging market economy, profound structural transformations took place across the entire healthcare system[4].

In 1998, the professional development of physicians in the Farg‘ona region was conducted through ten-day short-term cycles administered by the Research Institute of Pediatrics, rather than by the specialists of the Institute of Postgraduate Medical Studies[1].

Notably, certain physicians who had operated within the sector for 15 to 20 years lacked professional certification categories, a systemic deficit that demanded a novel approach toward advanced personnel training. To address this issue and ensure the implementation of national directives in the Namangan region, systematic measures were organized in accordance with the Decree of the President of the Republic of Uzbekistan No. UP-2107, dated November 10, 1998, 'On the State Program for the Reform of the Healthcare System of the Republic of Uzbekistan,' alongside the subsequent Order of the Ministry of Health No. 598, dated December 23, 1998, and the Decision of the Regional Khokimiyat No. 298, dated November 30, 1998. While a total of 71,131 physicians operated nationwide during the initial year of independence, this figure increased to 73,389 by the year 2000. Within this trajectory, the number of medical doctors expanded by 670 in the Andijan region, 590 in the Namangan region, and 733 in the Farg‘ona region[6].

In 1999, Rural Medical Points across the Namangan region recorded a total of 1,040,007 patient visits, averaging 13,700 visits per single throughout the year. On a district level, this operational indicator stood at 9.9 thousand in the Norin district, 11.1 thousand in the Uchqo‘rg‘on district, 11.9 thousand in the Namangan district, and 12.1 thousand in the To‘raqo‘rg‘on district. This workload translates to an annual utilization rate of 40 to 41 patients per single day-bed, with an average length of stay calculated at 8.8 days[7].

Due to the failure to select and train qualified physicians for Rural Medical Points, coupled with a lack of practical supervision from relevant chief specialists, patient attendance at these facilities remained low, and home-visiting and health promotion services were poorly executed. Furthermore, within day-hospital beds, the processes of inpatient treatment, monitoring, laboratory analysis, and diagnostic screening were inadequately conducted. In certain localities, due to the medical staff's inability to operate physiotherapeutic devices and electrocardiogram equipment, these specialized instruments remained completely unutilized[5].

By the year 2000, the total number of established Rural Medical Points and Urban Medical Points in the Namangan region reached 177. Concurrently, a total of 555 physician positions were allocated across these facilities' region-wide, of which 554 positions were occupied by 509 actual physicians. This labor distribution reflected a dual-employment rate of 1.09.

In the Farg'ona region, the physician-to-population ratio per 10,000 citizens stood at 23.0 in 2002, slightly declining to 22.6 in 2003. This indicator remained significantly higher than the regional average in the cities of Qo'qon, Farg'ona, and Marg'ilon. Conversely, in the Farg'ona, So'x, Toshloq, Bog'dod, Yozyovon, and Oxunboboyev districts, the ratio was two times lower than the regional baseline. Out of 8,059 available medical positions within healthcare and preventive institutions, 7,049 were actively occupied. While the average physician staffing rate for the region stood at 87.5%, it dropped to 80.0% in the Toshloq, Farg'ona, and Oxunboboyev districts. The regional dual-employment coefficient was recorded at 1.4; this rate exceeded the regional baseline in Quvasoy and Marg'ilon cities, as well as the Farg'ona district, whereas it fell below the average in the So'x, Toshloq, Furqat, O'zbekiston, Quva, Dang'ara, and Bog'dod districts. Licensed physicians holding professional certification categories numbered 2,618, representing 41.4% of the total medical workforce. Among these certified professionals, 25.7% held the highest category, 71.0% held the first category, and 13.3% were classified under the second category.

In conclusion, the first decade of independence served as a critical transition period for the healthcare system of the valley, shifting from the legacy Soviet model to a distinct national framework. During this era, medical education and personnel training began pivoting away from quantitative outputs toward qualitative criteria aligned with structural needs. Nevertheless, pronounced disparities persisted in the geographic distribution of physicians across the Fergana Valley. While urban centers such as Andijan, Farg‘ona, Namangan, and Qo‘qon exhibited high density in physician staffing, chronic shortages remained unmitigated in remote rural areas and exclave districts. This persistent imbalance was primarily driven by systemic deficits in rural infrastructure and inadequate social incentive mechanisms. Structurally, the nationwide deployment of the Rural Medical Point network within state programs catalyzed the institutionalization of General Practitioners which consequently necessitated the systematic retraining and reorientation of narrow specialists toward multi-profile primary healthcare delivery.

REFERENCES

1. National Archive of Scientific-Technical and Medical Documents of the Republic of Uzbekistan. – Fund M-372, Inventory 1, File 164, File 482, File 526.
2. State Archive of the Fergana Region. – Fund 1220, Inventory 1, File 5, File 60.
3. Fayzullaev, T., & Sarimsoqov, A. Socio-economic development of independent Uzbekistan. 2012. Namangan.
4. Abdukhalimov A.A. From the history of social life of the rural population of Uzbekistan (On the example of Andijan, Fergana and Namangan regions of the Fergana Valley, 1991–2020). Tashkent: 2022. Nurafshon Business.
5. State Archive of the Namangan Region. – Fund 908, Inventory 1, File 277, File 334.

6. Current Archive of the Ministry of Health of the Republic of Uzbekistan.

7. Abdukhalimov A.A. History of modernization processes in the healthcare system of the Fergana Valley (1991–2023). Monograph. Tashkent: 2024. Nurafshon Business.