

DEVELOPMENT AND PROBLEMS OF THE HEALTHCARE SYSTEM OF THE UZBEK SSR IN THE POST-WAR YEARS

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Abstract

This paper examines the evolution of the healthcare system in the Uzbek Soviet Socialist Republic (SSR) between the 1950s and 1970s, a formative period marked by post-war reconstruction, institutional expansion, and state-led modernization. Drawing on historical records and Soviet health policy directives, the article outlines the development of medical infrastructure, personnel training, and disease prevention initiatives. It also explores the persistent structural challenges, including rural-urban disparities, shortages of skilled professionals, and bureaucratic inefficiencies. The findings contribute to a deeper understanding of the historical legacy of Soviet healthcare in Central Asia and its relevance to contemporary policy debates.

Keywords: Uzbek SSR, Soviet healthcare policy, medical infrastructure, public health, rural medicine, healthcare inequalities.

Introduction

The period following World War II represented a critical phase for rebuilding essential public services in the Soviet Union, including healthcare. In the Uzbek SSR, the decades spanning the 1950s to the 1970s were characterized by significant efforts to institutionalize and expand public health provisions. The Soviet government considered healthcare a pillar of socialist welfare, resulting in massive investments in physical infrastructure, personnel development, and epidemiological control. These developments, while extensive, were not without challenges, as systemic inefficiencies and unequal access continued to affect healthcare outcomes.

Development of the Healthcare System. Between 1950 and 1970, the Uzbek SSR witnessed a considerable expansion in medical institutions. According to official



statistics, the number of inpatient facilities doubled during this period. Urban centers such as Tashkent, Samarkand, and Fergana saw the establishment of specialized hospitals for pediatrics, gynecology, infectious diseases, and surgery. Polyclinics and dispensaries were constructed to meet the growing demand for outpatient care. Rural healthcare facilities also expanded, albeit more slowly, often relying on feldsher-midwife stations (FAPs) as the primary access point for medical services.

Medical education and workforce development. Addressing the shortage of medical personnel was a state priority. Medical institutes in Tashkent, Andijan, and Samarkand became central to physician training in the region. By 1970, the republic employed over 10,000 physicians and more than 25,000 mid-level healthcare workers. Technical colleges provided training for feldshers and nurses, particularly those serving in rural areas. Continuing education and professional development courses were gradually institutionalized, although challenges in specialization and regional allocation remained.

Public health initiatives were key to improving life expectancy and reducing morbidity rates. National vaccination campaigns against diseases such as smallpox, diphtheria, and tuberculosis were implemented. The Ministry of Health established sanitary-epidemiological stations in each administrative region, tasked with monitoring environmental hygiene, food safety, and communicable disease outbreaks. Improvements in urban sanitation and drinking water quality contributed to a decline in certain infectious diseases. However, sporadic epidemics continued to affect rural populations.

A prominent feature of the Soviet healthcare system in Uzbekistan was the stark contrast between urban and rural service provision. While urban centers benefitted from specialized medical facilities, rural areas often lacked basic services. Many rural communities depended on under-resourced FAPs, and transportation barriers hindered timely access to higher-level care. The state's emphasis on universal coverage often failed to account for the geographic and demographic complexities of Uzbekistan's diverse regions.

Shortages of equipment and specialists. Despite formal expansion, many healthcare institutions struggled with outdated or insufficient medical equipment. Specialized departments such as radiology, cardiology, and neurology were either underdeveloped or absent in provincial hospitals. Furthermore, the centralized



assignment of personnel often failed to align with regional needs, leading to inefficiencies and professional imbalances.

Bureaucratic constraints. The centralized, top-down nature of Soviet healthcare governance imposed limitations on institutional flexibility. Local administrators had minimal discretion in resource allocation or service design. Decision-making was often influenced by quotas and five-year planning targets, rather than by local epidemiological realities. This rigidity reduced the system's responsiveness and contributed to a general stagnation in service quality.

Along with Uzbek doctors, many well-known specialists such as academician V.P. Filatov, N.A. Bogoraz and others worked in hospitals. After the end of the Great Patriotic War, health care in Uzbekistan began to develop more rapidly. Along with the construction of new hospitals and polyclinics, many administrative buildings were handed over to health authorities. The number of beds in hospitals increased significantly: in 1953 - 36,100, in 1965 - 97,500, in 1970 - 125,300. It reached 1639 in 1965-1969, 1748 in 1970-1974. The number of outpatient visits to doctors increased from 21.5 million in 1953 to 62.5 million by 1970. A great deal of preventive work was carried out by specialized dispensaries, the number of which reached 278 by 1972. Special attention was paid to providing services to workers of industrial enterprises. The state of sanitary-hygiene and recreational work, labor protection and safety measures in industrial enterprises were monitored separately, and measures were taken to prevent injuries and occupational diseases. In the years of the five-year plan (1965-1970), about 100 million rubles of centralized capital investments, large funds of collective farms and state farms were spent to build medical institutions. In these years alone, 148 healthcare facilities were commissioned in Uzbekistan, including large, multidisciplinary hospitals equipped with the most modern medical equipment in the cities of Tashkent, Andijan, Bukhara, Kuvasoi, Kitab with 7,083 beds. In order to further improve the provision of medical services to rural residents and bring them closer to the city level, large-scale work was carried out on the expansion of district hospitals, the expansion of regional and district specialized medical institutions, and the provision of modern medical equipment and supplies. Development of the network of stations and departments, provision of the necessary ambulance transport, provision of qualified personnel, measures to improve the activity of ambulance and emergency medical service were developed. If in 1966 there were 88 stations and first aid stations in the UZSSR in



cities and villages, in 1974 their number doubled. About 1,200 doctors and more than 2,300 medical workers worked in them.

More than 800 special ambulances were allocated to the ambulance service. Specialists have been brought to the remotest corners of the republic by ambulance planes and helicopters. In 1933, the first sanitary-epidemiological stations were established in Uzbekistan, and in 1934, the Scientific-Research Sanitary Institute of Uzbekistan was established. In 1937, the opening of the sanitary department of the Tashkent Medical Institute made it possible to dramatically increase the number of sanitary workers and epidemiologists. By 1940, 60 sanitary doctors and 36 epidemiologists worked in 80 sanitary-epidemiological stations in the UZSSR, and 34 sanitariums operated. Due to preventive measures: a significant reduction in the incidence of the disease of citizens was achieved. Great success has been achieved in the fight against children's infectious diseases, gastrointestinal infections, typhoid fever, and helminthiasis. Health authorities of the republic paid special attention to the fight against malaria. In 1945, 15 new tropical stations and 17 tropical points were established in the republic, 5 medical centers were opened. In 1946, the Science-Research Sanitary Institute of Uzbekistan started working again in the republic. In 1966, Uzbekistan had 432 sanitary doctors, 522 epidemiologists (including 94 epidemiologists-parasitologists), 1357 bacteriologists, 54 sanitary pedagogues, 17 disinfection doctors, 598 infectious disease specialists, 1953 assistant sanitary doctors, 1953 assistant sanitary workers. and worked as an epidemiologist. In 1967, the main sanitary-epidemiological department of the Ministry of Health of the Uzbek SSR was restored, in 1969, the transfer of district sanitaryepidemiological stations to independent structural units was completed. In 1914, only the wives of tsarist officials could use maternity hospitals with 69 beds, most of which were private. All other women were assisted by midwives. Unsanitary conditions, severe diseases, lack of medical care led to the death of many babies. The government announced the protection of motherhood and children. Treatment and prevention facilities for women and children began to be established rapidly. In 1924, there were 6 nursing homes, 10 children's boarding schools, 3 kindergartens, 8 maternity hospitals, 1 dairy kitchen in the republic; hospitals had 75 beds for pregnant women and 100 beds for children. Summary. As an example of the studied years, there are several works in the healthcare system of the Uzbek SSR: allocation of funds for the construction of special ambulances

for the emergency medical service, medical facilities, the establishment of treatment and prevention facilities for women and children in 1960 He played an important role in ensuring the implementation of the decisions of the Central Committee of the CPSU and the Council of Ministers of the USSR "On further improvement of medical care and health protection measures for the population" in the development of health care on January 14.

The 1950s–1970s were transformative decades for the healthcare system of the Uzbek SSR. The era was marked by infrastructural growth, improvements in medical education, and a robust public health agenda. Yet, these achievements were tempered by enduring inequalities, logistical shortcomings, and administrative inefficiencies. Understanding this historical context is essential not only for appreciating the foundations of modern healthcare in Uzbekistan but also for informing current health reform efforts across the post-Soviet space.

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