

## Improvement of the Healthcare System in Uzbekistan

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**Annotation:** Today, when all sectors are switching to electronic systems, the digitization of medicine and the development of new management systems remain a pressing issue. Our most important task is to introduce the medical insurance system, which is the basis of medicine in developed countries, to Uzbekistan and to restructure healthcare on the basis of insurance.

**Keywords:** medical insurance system, population, healthcare system, life expectancy, circulatory diseases, public health, reproductive health, perinatal care system.

## Relevance.

Uzbekistan is one of the largest countries in the Central Asian region. Its administrative division consists of the Republic of Karakalpakstan, 12 regions, 162 districts, and 118 cities. It ranks third in population among the CIS countries. The population is 38 million. The average age is 28 years.

Life expectancy is 75.1 years (69.9 in 1990). Children under 18 account for 42.7% of the population, women of childbearing age account for 27%, and young people under 30 account for 62%. Since the first days of independence, maternal and child health issues have been a priority not only for the healthcare system but also for the overall state policy of Uzbekistan. Key demographic indicators, such as infant and maternal mortality rates, have decreased dynamically over the past 20 years. In the population structure, the urban and rural populations are almost equal, and the same can be noted in the male-to-female ratio. The male-to-female ratio is almost equal in young and middle-aged populations, whereas in old age (over 70 years), women outnumber men by more than two to one.

Circulatory diseases are the leading cause of death, accounting for over 60%.

Since the first days of Uzbekistan's independence, special attention has been paid to the development of the healthcare system, maternal and child health care, and improvements in primary healthcare. The main areas of healthcare development are affirming the leading role of preventive medicine, implementing healthy lifestyle concepts, and improving the quality of medical services. To preserve and strengthen the country's public health, improve the quality of medical care for the population, enhance the system of women's and children's health care, and address a number of other challenges facing the healthcare system, healthcare reforms began in the early 1990s. At each stage of healthcare reform, corresponding objectives were set, primarily focusing on reforming primary healthcare, including rural healthcare. Subsequently, reforms also affected inpatient and specialized care.

Regardless of the stage of reform, the country, and healthcare in particular, had a single goal: creating a modern healthcare system that would ensure the preservation and improvement of public health and create conditions for raising a healthy generation.

The main principles of building the new healthcare system in Uzbekistan were: optimization of the sector's financing system by concentrating budgetary funds on primary care, outpatient treatment, and preventive care, rather than the inefficient use of expensive hospital beds, and ensuring the dominant role of outpatient care. Particular attention has been paid to improving the reproductive health system, conducting maternal and child screening, enhancing specialist qualifications and public awareness in reproductive health, and improving medical culture.

A three-tier perinatal care system has been established in every region of the country. Thanks to the effective functioning of the healthcare system, from 1991 to 2017, the overall mortality rate decreased by 20%, maternal mortality by 3.7 times, and infant mortality by 3.1 times. Life expectancy increased

by 4.7 years to 73.8 years (men: 71.4, women: 76.2). Currently, in accordance with the Sustainable Development Goals (SDGs), the country's healthcare system aims to reduce maternal and infant mortality by one-third by 2030 compared to 2015 levels. The implementation of a comprehensive set of preventive, anti-epidemic, and sanitary-hygienic measures to combat infectious diseases has ensured complete protection against the emergence of particularly dangerous infections (plague, cholera), polio, diphtheria, neonatal tetanus, and locally transmitted cases of malaria, measles, and rubella. World Health Organization certificates have been obtained for the elimination of wild-type polio (2002), measles and rubella (2017), and malaria (2018).

However, despite the ongoing reforms, a number of problems remain in the healthcare system. Currently, the government has significantly increased its focus on further improving the healthcare system, stimulating the work of medical workers, and the widespread adoption of modern technologies and treatment methods. In accordance with the Concept for the Development of the Healthcare System of the Republic of Uzbekistan for 2019-2025, measures are planned to improve the regulatory framework, introduce public-private partnerships in the sector, gradually ensure universal coverage of citizens with compulsory health insurance, implement targeted programs to improve the provision of medical care for socially significant diseases, promote healthy lifestyles, and prevent disease. The healthcare system's goals by 2025 include entering the Top 25 global rankings for healthcare system effectiveness, achieving a leading position in the healthcare effectiveness rankings in the Central Asian region, increasing total healthcare expenditure to at least \$500 per capita, becoming a hub for medical tourism in the Central Asian region, and ensuring sustainable improvement in public health indicators and the development of the republic's human potential.

## References.

- 1. Murodov K.B., "MAIN PILLARS OF DEVELOPING A HEALTHY LIFESTYLE" New Renaissance *Volume 2 Issue 9, 27.09.2025.*
- 2. Murodov К.В., "КЛЮЧЕВЫЕ ФАКТОРЫ ФОРМИРОВАНИЯ ЗДОРОВОГО ОБРАЗА ЖИЗНИ" New Renaissance *Volume 2 Issue 5, 11.05.2025*.
- 3. Arzamazov S.G., Ivanets I.V. Some features of the course of chronic tonsillitis. Vestn. otolaryngol. 2011;1:55–7.26.
- 4. Pisareva S.P. Use of Geverin for the treatment of genital herpes / S.P. Pisareva // Women's Health. 2004. No. 4. P. 142-144.
- 5. Rabinovich I.M. Recurrent herpetic stomatitis / I.M. Rabinovich, O.F. Rabinovich, M.V. Razhivina. M.: GEOTAR-Media, 2005. P. 64.
- 6. Proenca-Modena J.L., Cardoso Pereira Valera F., Gerhardinger Jacob M. et al.High Rates of Detection of Respiratory Viruses in Tonsillar Tissues from Children with Chronic Adenotonsillar Disease. PLoS One 2012; 7(8): e42136.
- 7. Detector of human herpesvirus-7 in salivary glands / M. Yadov et al. //Arch. Oral. Biol. 1997. Vol. 42, N 8. R. 559-567.