

**CURRENT STATE AND PROBLEMS OF RURAL HEALTHCARE  
INSTITUTIONS**

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**Abstract:** The Constitution and the Law of the Republic of Uzbekistan “On the Protection of Citizens’ Health” were the first step that defined the comprehensive reform of the healthcare system, as they affirmed a number of global fundamental principles for the formation of a national healthcare model, such as the universal right and social protection of health, equal access of the population to safe and high-quality medical services, and also defined health prevention as a priority of the healthcare sector.

**Keywords:** Uzbekistan, Constitution, Demographic situation, Healthcare.

**Introduction**

The strategic goal for the country at present is to improve the health status of the population by increasing the real accessibility of medical care for broad sections of the population and prioritizing health in the system of social values of society, strengthening the preventive orientation of healthcare [1,2,3,5,6,10,11,12]. “Only a healthy people, a healthy nation is capable of great achievements,” - these words of President I.Karimov are the basic principle of all transformations carried out in Uzbekistan, aimed at building a state with a strong market economy and a developed spiritual sphere [1,2,3,5,6 ].”

**Literature and Methodology**

Under the auspices of the World Health Organization (WHO), integration models of the functioning of district health systems are being created in foreign countries based on an intersectoral approach with the leading role of primary health care services

[21,23,55,70,73,75,94,95]. In recent years, there has been an acute need to develop such a state health policy that would correspond to the historical stage of the country's development, its traditions, and would ensure the right of every citizen to health protection. Uzbekistan's aspiration for sustainable socio-economic development requires meeting the growing needs of society, including high-quality medical services [7,8,9,10,11,15,19,20,25,56,77,80]. All this requires new, advanced assessments of the entire complex of problems facing healthcare. An irresponsible attitude to health problems harms the country's economy and cannot serve the interests of the current and future generations. In accordance with the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 182 of May 21, 1996 "On the program for the development of rural social infrastructure of the Republic of Uzbekistan for the period up to 2000" and the Decree of the President of the Republic of Uzbekistan of November 10, 1998 No. UP-2107 "On the state program for reforming the healthcare system of the Republic of Uzbekistan", a program for phased reform of the entire healthcare system was developed and adopted [14,16,21,27,28,76]. The implementation of the program provides for: the priority of preventive medicine; introduction of a healthy lifestyle; upbringing of physically and morally healthy, harmoniously developed generation; formation of consciousness of responsibility for their health among the population [2,4,5,7,8,11,13,14,15,19,20]. Further development of healthcare in the countryside is provided for by the Resolution of the President of the Republic of Uzbekistan of November 28, 2011 No. PP-1652 "On measures for further deepening the reform of the healthcare system", where it is noted that as a result of the implementation of measures to reform the healthcare system, a holistic organizational structure of medical care has been created: rural medical posts, district (city) medical associations, regional multi-profile medical centers, republican specialized medical centers [15,16]. Budget funds, preferential loans and grants totaling more than 750 million US dollars have been directed to the modernization and equipping of medical institutions. Healthcare expenditures account for more than 4% of GDP, in the country's State budget - 15.7%. As a result of the measures taken in the Republic of

Uzbekistan, the average life expectancy has increased from 67 to 73 years; maternal and infant mortality has decreased by 3.1 and 3.2 times; the overall level of morbidity has decreased, especially tuberculosis, hepatitis, infectious diseases [17,18,19,58,77,88]. The main goals of this stage of reform have been identified: further deepening of healthcare reform, improving the efficiency of medical institutions, ensuring the provision of high-quality medical care to the population in accordance with standards, introducing advanced forms and methods of management and work organization [16,33,47,52].”

### **Conclusions**

Improving the quality of medical care is defined as a priority task of healthcare reform. An important feature of the State program for reforming the healthcare system is a multi-level approach to improving the quality of medical care. The quality of medical care for the population is influenced not only by the provision of medical personnel in the territory, but also by the socio-demographic characteristics of medical personnel. To provide qualified medical care to patients, medical personnel must have not only deep theoretical knowledge, skillfully use practical skills, but also subtly understand the psychology of a sick person, show care, compassion, respect for the rights of the patient, human dignity, social justice, clearly represent existing ethical problems in this area. Medical personnel are an integral part of the process of providing medical care to the population. In this regard, sociological methods of studying the lifestyle of medical workers are very relevant. The demographic situation that has developed in the Andijan region as a whole has its own characteristics for rural areas. There is a population growth in the Markhamat district in 2017 compared to previous years. The analysis of demographic processes in the Markhamat district established the presence of features of individual demographic indicators. The results of the study of the demographic situation, requiring the development of measures to improve the health of the population and improve medical care for rural residents, taking into account the peculiarities of demographic processes in the district.”

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