

**REFORMS IN THE HEALTHCARE SYSTEM OF NEW UZBEKISTAN AND THEIR EFFECTIVENESS****Khusanboyev Abdumajit Abdugapirovich**

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**Abstract.** This article analyzes the content, legal foundations, institutional transformations, and practical effectiveness of the reforms being implemented in the healthcare system under the conditions of New Uzbekistan. It discusses the healthcare development concept for 2019–2025, additional measures introduced in 2024, the strengthening of primary healthcare, the expansion of high-tech medical services in the regions, the introduction of state health insurance mechanisms, the launch of digital platforms such as “Electronic Polyclinic” and “Electronic Hospital,” the protection of maternal and child health, the improvement of access to medicines, the training of medical personnel, and the centralization of laboratory and procurement systems.

**Keywords:** healthcare system, medical reforms, primary healthcare, state health insurance, digital health, electronic polyclinic, electronic hospital, maternal and child health protection, effectiveness.

**INTRODUCTION.**

In the modern era, the healthcare system has become not merely a social sphere of the state, but a strategic sector directly linked with demographic stability, human capital, labor productivity, and national security. For Uzbekistan, this issue is especially important because the country has a young and rapidly growing population, which means that demand for healthcare services remains consistently high. In such conditions, the quality, territorial accessibility, financial sustainability, and fairness of healthcare services inevitably move to the center of state policy. For this reason, the reforms being carried out in the healthcare sector within the framework of New Uzbekistan have become not only a means of modernizing medicine, but also an important practical expression of the principle of human dignity. That is why this topic is highly relevant both scientifically and socially[1,2].

To understand healthcare reforms in New Uzbekistan, it is first necessary to pay attention to their legal and strategic foundations. In recent years, the state has adopted a number of important policy documents aimed at transforming the healthcare system on a long-term and systematic basis. These documents show that the reforms are not random or fragmented changes, but a step-by-step modernization strategy designed to reshape the system as a whole. Their essence lies in moving away from an outdated model focused mainly on treatment after the disease has progressed, and toward a model centered on people, prevention, primary care, quality standards, and modern management mechanisms[3,4].

At the heart of these reforms is the idea of shifting from a “treatment-oriented system” to a “person-oriented system” based on prevention and strong primary healthcare. This means that healthcare is no longer viewed only as a network of hospitals and emergency treatment facilities. Instead, it is increasingly understood as a broad social institution whose task is to preserve health, prevent disease, provide early diagnosis, ensure continuous monitoring of chronic conditions, and reduce the economic and social burden of illness. Such a transition reflects the most important trends in global healthcare policy and demonstrates that Uzbekistan is attempting to align its national reforms with internationally recognized approaches.

When assessing the current effectiveness of the healthcare system, general health indicators of the population play an important role. Over recent years, Uzbekistan has demonstrated positive changes in a number of such indicators, including life expectancy, maternal health, and child survival. These trends suggest that healthcare reforms are producing real results. However, effectiveness cannot be measured only through broad demographic indicators. It must also be assessed by how quickly and fairly medical services reach the population, how accessible they

are in remote areas, how well patients are protected from excessive out-of-pocket expenses, and how satisfied they are with the care they receive[5,6].

One of the most visible results of the reforms has been the modernization and expansion of medical infrastructure. New clinics and hospitals have been established, while many existing institutions have been reconstructed and equipped with modern technologies. This has increased the capacity of the healthcare system, especially at the primary level. For a country in which highly specialized care had long been concentrated mainly in the capital and a few major cities, this is a significant achievement. Infrastructure reform is not simply about constructing buildings. It also means creating conditions in which diagnosis, treatment, prevention, and rehabilitation can be provided at a much higher standard and closer to where people live[7,8].

The issue of territorial inequality has long been one of the most serious challenges in centralized healthcare systems. Uzbekistan was no exception. In the past, advanced diagnostics, high-technology treatment, specialized surgery, and highly qualified experts were often concentrated in Tashkent. This created barriers for people living in distant regions, who had to spend time and money traveling to receive proper care. The current reforms have sought to address this imbalance by gradually introducing high-tech medical services into the regions, strengthening regional hospitals, and expanding access to specialized services outside the capital. The practical significance of this change is enormous: patients and their families face lower transport costs, shorter waiting times, earlier diagnosis, fewer complications, and greater trust in local medical institutions[9,10].

One of the most important ideas of healthcare reform in New Uzbekistan is the strengthening of primary healthcare as the foundation of the entire system. In modern healthcare, the greatest results are often achieved not in highly specialized hospitals, but in family clinics, community health centers, screening programs, and preventive services. Primary healthcare is where disease can be identified at an early stage, where risk factors can be managed, where chronic patients can be monitored continuously, and where families can receive medical advice before conditions become severe. By reinforcing this level of care, the state aims to reduce unnecessary hospitalization, improve prevention, and make healthcare more efficient overall.

The strengthening of primary healthcare is especially important in the fight against noncommunicable diseases. Like many countries undergoing social and economic transition, Uzbekistan faces a growing burden of cardiovascular disease, diabetes, cancer, and chronic respiratory illness. These conditions account for a large share of mortality and disability and cannot be managed effectively only through hospital-based treatment. They require early screening, regular monitoring, long-term medication access, patient education, healthy lifestyle promotion, and close follow-up by family doctors and nurses. In this context, reforming primary care is not merely an administrative task; it is a vital public health strategy[11,12].

The expansion of preventive services is one of the most rational and effective directions of current reform. From both an economic and social perspective, preventing disease is far more beneficial than treating advanced complications. Screening programs, immunization campaigns, maternal monitoring, child nutrition surveillance, and health education are all essential parts of a prevention-oriented system. When prevention becomes stronger, several positive outcomes occur at once: the load on hospitals decreases, healthcare expenditures become more efficient, the burden of disability declines, and people enjoy a higher quality of life. Therefore, the emphasis on prevention in New Uzbekistan should be regarded as one of the clearest signs of a modern healthcare policy[13,14].

Another major pillar of reform is healthcare financing. Traditional budget-based financing models often support institutions according to their fixed costs rather than the actual quality or results of care. The new approach seeks to gradually move toward strategic purchasing, transparent tariffs, and financing mechanisms linked more closely to services and outcomes. In this context, the introduction of state health insurance represents a major transformation. Rather than being just a new label, insurance reform changes the very logic of the system. It aims to

define guaranteed service packages, improve financial transparency, clarify what is covered, and ensure that patients are not left uncertain about which services are free and which must be paid for out of pocket.

The implementation of state health insurance is particularly important for increasing financial protection. In many healthcare systems, one of the most serious problems is that families must bear large expenses for consultations[15,16], laboratory tests, medicines, or hospitalization. This can push vulnerable households into deeper poverty. A properly functioning insurance model can reduce these risks by ensuring that essential services and medicines are covered and by creating a clearer relationship between public financing and patient entitlements. At the same time, this reform is complex and requires strong digital systems, careful tariff design, clear clinical protocols, and effective accountability mechanisms. Therefore, while the transition is promising, it also demands high institutional capacity.

Digitalization is one of the most visible and transformative components of current reform. The introduction of systems such as the “Electronic Polyclinic” and “Electronic Hospital” reflects a shift from fragmented paper-based administration to integrated digital healthcare management. These systems can include electronic medical records, referrals, laboratory results, prescriptions, appointment scheduling, hospital histories, reporting mechanisms, and financing data. The greatest advantage of digitalization lies in transparency and continuity. A patient’s pathway through the healthcare system becomes traceable: when they registered, which physician examined them, what tests were performed, what diagnosis was made, and what medicine was prescribed. This not only improves clinical coordination but also reduces duplication, lowers administrative burden, and decreases the risk of corruption[17,18].

Digital healthcare also improves management quality. Unlike paper reports, which may be delayed and incomplete, digital systems enable near real-time monitoring. Policymakers and managers can see where patient flow is high, where shortages of medicines may occur, which clinics are overloaded, and which diseases are increasing in certain areas. Such data-driven governance can significantly improve decision-making, resource allocation, and accountability. In this sense, digital reform is not limited to technology itself; it represents the transformation of healthcare into an information-based system capable of learning, adapting, and responding more effectively[19].

Access to medicines is another key factor determining the effectiveness of healthcare reform. For many people, the success of reform is measured not by new buildings or modern equipment, but by whether they can obtain the medicines they need. This is especially true for patients with chronic illnesses such as hypertension, diabetes, asthma, or heart failure, for whom interruptions in drug supply can lead to serious complications. Efforts to introduce reimbursement mechanisms for essential medicines are therefore highly significant. When the state helps reduce the cost burden of vital drugs, adherence to treatment improves, complications decrease, and financial stress on households is reduced.

Reform in this sphere is closely connected with procurement, transparency, and rational use of resources. The introduction of centralized procurement systems and electronic control mechanisms can improve efficiency, reduce waste, and strengthen oversight over how medical equipment and pharmaceutical resources are used. Such systems also help ensure that expensive technologies do not remain underused and that service planning becomes more rational. In the long term, these managerial reforms may be just as important as clinical reforms, because no health system can be effective without sound organization and efficient use of public funds.

Maternal and child health has become a separate priority direction in the healthcare policy of New Uzbekistan. This is entirely justified, because the true human-centeredness of a health system is often measured by how well it protects pregnant women, newborns, and children. Improvements in maternal mortality and child survival indicate that important progress has been made in prenatal care, obstetric services, neonatal support, pediatric monitoring, and the regional structure of maternal and child care. However, this area is not limited to childbirth alone. It

includes reproductive health, early registration of pregnancy, identification of high-risk women, postpartum care, vaccination, nutrition, and early detection of congenital conditions. In this sense, maternal and child health policy contributes not only to immediate survival, but also to the long-term development of healthy future generations.

The issue of medical personnel is one of the most delicate components of healthcare reform. It is relatively easy to build a hospital or purchase modern equipment, but it takes many years to train skilled, ethical, and clinically competent physicians and nurses. Without strong human resources, even the best infrastructure and digital platforms cannot produce the desired results. That is why reforming medical education, improving continuous professional development, raising salaries, creating performance-based incentives, and strengthening practical training have become essential priorities. In particular, increasing the role of family doctors and ensuring that graduates gain real experience in primary healthcare are crucial for the long-term sustainability of reform.

The influence of strong human resources on healthcare effectiveness is immediate and multifaceted. Better-trained medical workers make more accurate diagnoses, choose more appropriate treatments, communicate better with patients, and reduce unnecessary tests or prescriptions. They also strengthen trust in public healthcare institutions. Yet this is also an area of major risk: if medical education and workforce policy do not keep pace with the broader reforms, then new buildings, expensive devices, and digital systems may fail to deliver real value. For this reason, personnel policy must remain at the center of healthcare modernization.

Another important direction is the renewal of clinical protocols and standards. Modern medicine cannot depend solely on the personal experience of an individual doctor; it must be guided by evidence-based and standardized approaches. Updated clinical protocols reduce unjustified differences in treatment, improve patient safety, strengthen accountability, and support rational financing. They are especially important in an insurance-based or strategically purchased system, because they help define what services should be provided, under what conditions, and with what expected outcome. In this way, clinical standards connect medicine, management, and financing into a unified system of quality assurance.

The effectiveness of the healthcare system should also be assessed from the patient's perspective. Health reform is meaningful only when people actually feel the difference in their everyday lives. This includes shorter waiting times, easier access to appointments, better communication with healthcare workers, more reliable access to medicines, and lower financial burden. Patient satisfaction is therefore not a secondary issue; it is one of the most important indicators of whether the system is functioning well. Reforms such as electronic appointments, regional access to high-tech care, and medicine reimbursement directly affect the patient experience and thus shape public trust in healthcare.

Healthcare expenditure structure is another important factor in evaluating reform. In many middle-income countries, a substantial share of out-of-pocket spending goes toward medicines rather than consultation or hospitalization fees alone. If households continue to spend excessively on drugs and routine treatment, then the healthcare system cannot be considered fully equitable or protective. That is why reducing the financial burden on households must remain one of the central goals of reform. Insurance mechanisms, guaranteed benefit packages, reimbursement for essential medicines, and better procurement systems all contribute to this objective.

At the same time, it is important not to ignore the existing challenges. First, territorial inequality has not yet disappeared completely. Some regions still face shortages of qualified personnel, diagnostic equipment, and specialized services. Second, digital systems require reliable internet infrastructure, cybersecurity, staff training, and technical support. Third, the implementation of state health insurance demands clear tariffs, understandable benefit packages, complaint-handling mechanisms, and transparent control procedures. Fourth, the transfer of high-tech medicine to the regions raises the question of maintaining equal service quality

everywhere. Fifth, the fight against noncommunicable diseases cannot be solved by the healthcare system alone; it also requires changes in nutrition, physical activity, environmental conditions, education, and social behavior.

Overall, the reforms carried out in the healthcare system of New Uzbekistan have already led to several significant transformations: infrastructure is being renewed, territorial coverage is expanding, primary care is being strengthened, state health insurance mechanisms are being introduced, digitalization is deepening, access to medicines is improving, maternal and child health protection is being reinforced, and new demands are being placed on medical training and professional standards. Taken together, these changes are making healthcare closer to the patient, more transparent, more modern, and potentially more equitable. At the same time, this path remains complex and requires financial sustainability, reliable data, institutional discipline, and constant adaptation to the real needs of the population.

**Conclusion.** In conclusion, the reforms in the healthcare system of New Uzbekistan are not merely cosmetic changes, but a deep transformation aimed at redesigning the entire system. Their legal and strategic basis reflects a long-term vision, while their practical results are already visible in infrastructure modernization, stronger primary care, broader regional access, digital management systems, the introduction of insurance mechanisms, support for essential medicines, improved maternal and child health policy, and the reform of medical education. Positive trends in life expectancy, maternal health, and child survival suggest that these reforms are producing meaningful outcomes. Nevertheless, the ultimate success of the reforms will depend on whether they can be implemented with equal quality in all regions, whether financing remains sustainable, whether digital systems function effectively, whether workforce shortages are addressed, and whether noncommunicable diseases are tackled through a broad intersectoral strategy. Thus, the healthcare reforms of New Uzbekistan have already begun to show real effectiveness, but their greatest success will depend on consistency, institutional strength, and the ability to respond continuously to the needs of the people.

#### REFERENCES

1. World Health Organization. (2025). Global Report on Stroke and Cardiovascular Diseases . Geneva : WHO Press.
2. Karimov AM, and others . (2026). In Uzbekistan angioneurology current problems of Tashkent : Uzbekistan National Encyclopedia.
3. World Health Organization. (2025). Global Report on Stroke and Cardiovascular Diseases. Geneva: WHO Press.
4. Karimov A.M., va boshqalar. (2026). O'zbekistonda angionevrologiyaning dolzarb muammolari. Toshkent: O'zbekiston Milliy Ensiklopediyasi.
5. Thompson J.R., et al. (2024). Neuropathology of Ischemic Stroke: From Molecular to Cellular Changes. Journal of Neuroscience Research.
6. Rahmatjonovna, I. N. (2024). Fast foods are the potential of human health. Ethiopian International Journal of Multidisciplinary Research, 11(05), 365-369.
7. Isaqova, N. (2022). Bolalarning antropometrik ko'rsatkichlarini turli omillarga bog'liqligi. Science and innovation, 1(D8), 1000-1003.
8. Рахматжонова, И. Н. Алиментарного ожирение и репродуктивное здоровье женщин в современном аспекте физической реабилитации. O'zbekiston harbiy tibbiyoti, 4(4), 368-370.
9. Isaqova, N. (2022). Қабзиятнинг болалар антропометрик кўрсаткичларига таъсири. Science and innovation, 1(D8), 888-892.
10. Isaqova, N. (2024). Microscopic examination of sputum. Развитие и инновации в науке, 3(6), 63-66.
11. Исакова, Н., & Усмонова, Г. (2024, June). Лабораторная диагностика трихомониза. In международная конференция академических наук (Vol. 3, No. 6, pp. 59-65).

12. Raxmatjonovna, I. N. (2024). Laboratory diagnostics of trichomonis disease. Ethiopian International Journal of Multidisciplinary Research, 11(05), 496-499.
13. Raxmatjonovna, I. N. (2023). The problem of acceleration of children's development (literature review). International Multidisciplinary Journal for Research & Development. Volume10, (12), 160-164.
14. Исакова, Н., & Усмонова, Г. Кишечный дисбактериоз//Models and methods in modern science.–2024. Т, 3, 106-112.
15. Raxmatjonovna, I. N. The most pressing problem today is iodine deficiency. World Bulletin of Public Health, 23, 97-100.
16. Raxmatjonovna, I. N. Anthropometric indicators of children. Scientific Impulse, 1(5), 883-887.
17. Isakova, N. R. (2021). The effect of constipation due to diseases of the colon on the anthropometric parameters of children. Asian journal of multidimensional research, 10(5), 666-669
18. Soliyev B.Q. (2025). Ishemik insult diagnostikasida neyrovizualizatsiya usullarining klinik-morfologik tahlili. Tibbiyot va zamon jurnali.
19. Miller K.S. & Smith L. (2024). Advances in Neuroprotective Strategies and Penumbra Recovery. New England Journal of Medicine.