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DEVELOPMENT OF THE HEALTHCARE INFRASTRUCTURE SYSTEM IN SURKHANDARYA REGION: HISTORICAL DYNAMICS AND TERRITORIAL DISPARITIES

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Abstract

The article analyzes the dynamics of changes in the network of hospital institutions in Surkhandarya region in recent years based on statistical data. It highlights the reorganization of the extensive hospital system inherited from the former Soviet Union through consolidation and re-specialization, as well as the trend of transitioning from inpatient treatment to outpatient-polyclinic services. The changes in the number of hospitals during 2018-2022 and their distribution across cities and districts as of the end of 2022 are examined.

Keywords: healthcare system, medical infrastructure, hospital institutions, inpatient and outpatient services, primary healthcare.

Introduction

The healthcare system is one of the fundamental sectors determining the population's standard of living, labor potential, demographic growth, and social protection. In Uzbekistan, during the post-independence period, this system gradually transitioned from the extensive, inpatient-oriented model inherited from the former Soviet Union to a model meeting modern requirements [1; 2]. In recent years, measures aimed at fundamentally improving the sector have been included among the priority directions of state policy [3; 4].

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Healthcare reforms in Central Asian countries have also been studied in international research. These studies identify the reorganization of the hospital sector and the development of primary healthcare as key directions [5; 6]. However, such studies are typically focused on the national level. The historical dynamics and territorial distribution of the network of medical institutions in individual regions, particularly in the case of Surkhandarya, remain insufficiently studied.

This issue is of particular importance for Surkhandarya region. The region encompasses densely populated plains alongside mountainous and remote districts. Therefore, the territorial accessibility of medical services remains a significant social issue. In the early years of independence, improving the operation of hospitals, polyclinics, outpatient clinics, and feldsher-midwife stations, and providing them with modern equipment, was an urgent task. Subsequently, the processes of consolidating institutions, merging duplicative small treatment facilities, and transitioning from inpatient to outpatient services intensified.

Analysis and Results

The formation and development of the medical institutions system in Surkhandarya region manifested as one of the important directions of social policy pursued in the country during the early years of independence. This is because the healthcare sector is directly linked to the population's standard of living, labor potential, demographic growth, and social protection. The medical system inherited from the Soviet period could not fully meet the needs of the region's population; particularly in remote districts, the quality of medical services, the level of provision with qualified doctors, and the material-technical base of treatment facilities were insufficient. Therefore, from the very first years of independence, improving the operation of existing hospitals, polyclinics, outpatient clinics, and feldsher-midwife stations in the region, providing them

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with modern medical equipment, and establishing new treatment departments were placed on the agenda as urgent tasks.

The dynamics of the number of hospital institutions in the region in subsequent years indicate that gradual reorganization processes took place in the healthcare system. In 2018, there were a total of 64 hospital institutions in Surkhandarya region; in 2019, this indicator decreased to 57. This decline can be explained not as a reduction of medical institutions but by the merging, reorganization, or change in status of certain institutions. In 2020, the number of hospitals reached 62; in 2021, 63; and in 2022, it reached 67 [5]. This indicates that in recent years the hospital network in the region has been re-expanding and efforts aimed at meeting the population's need for medical services have continued.

During 2018-2022, it is observed that the number of hospital institutions in Surkhandarya region entered a path of stable growth. Particularly in the period after 2019, as a result of reforms aimed at developing the healthcare system, the network of medical institutions was quantitatively strengthened. The territorial distribution of hospital institutions across cities and districts as of the end of 2022 is also presented. These data show that the medical service delivery system in the region is territorially unevenly distributed—in some districts the number of hospitals is higher, while in others it is lower. This situation necessitates taking into account demographic conditions, territorial needs, and transport accessibility when locating healthcare institutions in the future.

The healthcare system in Surkhandarya region was based on the extensive hospital system inherited from the former era. Therefore, in the 1990s, the number of hospitals was relatively high. For example, in 1997, the number of hospitals in the region was 110 [1]. During this period, the main focus was on preserving existing hospitals, not reducing their bed capacity, and stabilizing the medical service delivery system to the population. In subsequent stages, the processes of consolidating institutions in the healthcare system, merging duplicative small treatment facilities, and re-specializing certain hospitals intensified. As a result,

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although the number of institutions decreased, this did not mean that the volume or quality of medical services absolutely declined. On the contrary, certain small hospitals may have been incorporated into large district medical associations, central hospitals, or specialized departments.

Starting from the 2000s, the principle of transitioning from inpatient treatment to outpatient-polyclinic services intensified in the healthcare system. That is, instead of treating patients through long-term hospitalization, attention increased to treating them through family polyclinics, rural medical stations, outpatient services, and day-treatment departments [7]. Therefore, although the number of hospital institutions decreased, the networks for providing primary healthcare to the population expanded.

According to the data, the area with the highest concentration of hospital institutions in the region is Termez, where 17 hospitals operate. This indicates that Termez, as the regional center, is the main medical center housing specialized medical institutions, regional and national-level hospitals, and diagnostic centers. The next is Denov district, which has 14 hospital institutions. The fact that Denov is one of the areas with a large population and high economic activity constitutes the logical basis for this indicator [8].

Medium-level indicators correspond to Djarkurgan (4), Shirabad (4), Shurchi (3), Kyzirik (3), and Sariasia (3) districts. This shows that in these areas the number of medical institutions serves to partially cover the population's needs [5, 6].

The territorial distribution of hospital institutions across cities and districts in Surkhandarya region as of the end of 2022 is reflected. The statistical map clearly demonstrates the territorial location of healthcare infrastructure in the region, the degree of centralization of medical services, and the differences in the density of medical institutions in certain districts.

In districts with relatively small populations or considered mountainous and remote areas, the number of hospitals is lower: Boysun (2), Oltinsoy (2), Angor (2), Kumkurgan (2). The lowest indicators were recorded in Bandikhan (1),

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Muzrabat (1), and Uzun (1) districts. This indicates the existence of unevenness in the territorial location of medical institutions in the region and the possibility that in certain areas the population's physical access to hospitals may be limited [5].

Territorial disparities indicate the need to thoroughly consider demographic factors, transport infrastructure, geographical characteristics of the areas, and epidemiological needs when planning the healthcare system in Surkhandarya region. Particularly in remote and mountainous areas, developing mobile medical services, small-capacity hospitals, and inter-district medical centers remains one of the urgent tasks.

The map for the end of 2022 scientifically demonstrates that hospital institutions in Surkhandarya region are mainly concentrated in large cities and economically active areas, while in rural and remote districts there is a need to further strengthen medical infrastructure. The data serve as an important statistical basis for developing a strategy for the territorial development of the healthcare system in the region.

Conclusion

The network of hospital institutions in Surkhandarya region underwent significant changes during 2018-2022. As a result of the consolidation, merging, and re-specialization of institutions in recent years, the number of hospitals, which was 64 in 2018 and 57 in 2019, reached 67 by 2022. The decrease in the number of institutions does not signify a decline in service quality, as this process was related to the principle of transitioning from inpatient treatment to outpatient-polyclinic and primary healthcare. At the same time, as of the end of 2022, hospitals are territorially unevenly distributed: most of them are concentrated in Termez (17) and Denov district (14), while Bandikhan, Muzrabat, and Uzun districts have one hospital each. This situation indicates that in mountainous and remote areas the population's access to medical services may be limited.

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Therefore, in the future, when locating institutions, it will be necessary to take into account demographic conditions, geographical characteristics, transport accessibility, and epidemiological needs. Developing mobile medical services, small-capacity hospitals, and inter-district medical centers in remote areas will serve to reduce territorial disparities in medical infrastructure.

References

1. Xujanazarov A.Z. Surxondaryo viloyatida tibbiyot tizimi tarixi (1991–2020 yy.). Monografiya. - Termiz: Termiz publishing center, 2025. – 136 b.
2. Decree of the President of the Republic of Uzbekistan No. PF-5590 dated December 7, 2018, "On Comprehensive Measures for Fundamental Improvement of the Healthcare System of the Republic of Uzbekistan."
3. Decree of the President of the Republic of Uzbekistan No. PF-60 dated January 28, 2022, "On the Development Strategy of New Uzbekistan for 2022–2026."
4. Хужаназаров А.З., Алламуратов Ш.А. Реформы в системе здоровья Узбекистана в последние годы //Наука, техника и образование. – 2021. – №. 1 (76). – С. 19-23.
5. Statistical Department of Surxondaryo Region. Main Statistical Indicators of the Healthcare Sector in Surxondaryo Region (as of the end of 2022): Statistical Collection. – Termez, 2023.
6. Хужаназаров А.З., Алламуратов Ш.А. Система здравоохранения в Узбекистане: проблемы и реформы // Бюллетень науки и практики. – 2021. – Т. 7. – №. 2.
7. Xo‘janazarov A.Z. Mustaqillik yillarida O‘zbekistonda tibbiyot sohasida amalga oshirilgan islohotlar // GOLDEN BRAIN. – 2025. – T. 3. – №. 17. – B. 256-261.
8. Xo‘janazarov A. Mustaqillikning ilk yillarida Surxondaryo viloyati sog‘liqni saqlash tizimi holati //Tamaddun nuri jurnali. – 2024. – T. 11. – №. 62. – B.

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257-259.

9. Ashurovich A. S. et al. Factors of Use of Transboundary Water Resources in Central Asia //American Journal of Research in Humanities and Social Sciences. – 2024. – T. 25. – C. 100-106.
10. Ziyadullayevich K. A. Healthcare system in the surkhandarya region: reforms and results (on the example of the kumkurgan district) //Academicia: an international multidisciplinary research journal. – 2021. – T. 11. – №. 2. – C. 1395-1399.