



CONFERENCE ARTICLE

REFORMS IN SANITARY AND EPIDEMIOLOGICAL SAFETY IN 1991-1997 (ON THE EXAMPLE OF JIZAKH REGION)

Umirova (Bobobekova) Nargiza Ismatullayevna
Doctoral student of QarSU, Historical sciences, Uzbekistan

Abstract: This article analyzes the main directions of state policy in the first years of independence (1991-1997), the content of reforms in the field of sanitary and epidemiological safety and their social significance, the work carried out, and the activities of personnel working in the system in these processes in the Jizzakh region, Jizzakh city, and districts.

Keywords: sanitation, hygiene, epidemiology, sanitary and epidemiological safety system, state sanitary control, radiation safety, material and technical base of the sanitary and epidemiological service, sanitary and epidemiological stations (note: SES), infectious diseases,

Introduction

The years 1991-1997 were a period of reforming the sanitary and epidemiological safety system. During these years, a number of important legal, organizational and practical works were carried out. In particular, first of all, regulatory and legal documents were revised, and the creation of a legal framework in this regard began. For example, in 1992, in connection with the entry into force of the Law "On State Sanitary Supervision"[1], social relations in the field of ensuring the peace of mind of the population and radiation safety in sanitary and epidemiological matters were regulated, and the right of the population to a favorable environment and other related rights and guarantees for their implementation were strengthened. Therefore, Initially, attention was paid to strengthening the material and technical base of the sanitary and epidemiological service :

- During 1991 alone, in order to improve the quality of this service in our region, various laboratory equipment worth more than 1 million soums was purchased and put into operation;
- New laboratory buildings equipped with new equipment were put into operation in Zarbdor and Farish districts;
- Arnasay district SES is fully equipped with new furniture and other equipment.
- Sanitary and hygienic laboratories have been equipped and put into operation at the sanitary and epidemiological stations of Pakhtakor and Mirzachul districts [2.3-v] ;
- Design documents for the new building of the Jizzakh city hydroelectric power station have been prepared, and the process of preparing those for the Gallaorol and Zafarabad (formerly Oktyabr) district hydroelectric power stations has begun;
- In 1990, the construction of a 60-bed children's infectious diseases hospital began in Jizzakh district and was completed in 1992. 1 million 209 thousand soums were allocated for the construction of this hospital [3.6-v] .

DISCUSSION: PROBLEM AND CONSEQUENCES

As we mentioned above, the legal, material and technical base was formed, and on their basis there were important issues awaiting their solution. Well, let's dwell on them step by step, based on examples. The first issue was the issue of preserving and reforming the existing sanitary and epidemiological service system. Therefore, initially, the network of sanitary and epidemiological stations (SES), inherited from the Soviet era, was preserved, but adapted to new conditions. Institutions that carry out sanitary control at the republican, regional and district levels were reorganized, and their powers were redeveloped. For example, in 1992, the Bakhmal district sanitary and epidemiological station was reorganized to ensure the implementation of the Law "On State Sanitary Control". The following departments were established in the district sanitary and epidemiological station, which began its activities in 1992 with 8 doctors with higher education, 14 secondary and 6 junior sanitary workers[4.43-v].

1. Department of Epidemiology. According to the plan, this department should have 5.5 full-time doctors and 21 full-time medical staff. However, only 1 doctor, 6 full-time and 4 junior medical staff worked.
2. Department of Sanitation and Hygiene. The staffing plan states that there should be 6.5 doctors and 13 paramedics, but only 3 doctors and 1 junior paramedic worked. There were no paramedics.
3. Bacteriological laboratory. It was stated that 4 doctors and 7 paramedics were working in this department. In practice, 1 doctor, 5 paramedics and 4 junior paramedics were operating.
4. Sanitary and hygiene laboratory. According to the plan, 2 doctors and 4 paramedics were assigned. The same situation was observed in this department, 1 doctor and 1 paramedic worked.

5. AIDS laboratory. The department was staffed by 1 doctor, 1 midwife, and 1 junior midwife. In addition, 2 more departments, "Parasitology" and "Ecology and Health," were supposed to operate. However, the functions of these departments were distributed to the above departments [5. same source]. (It is clear that the main problem was the lack of personnel. First of all, the most important solution to the problem was to promote and instill interest in this field among the population and young people. Unfortunately, we learned from sources that the work in this regard was rather slow. Also, work had to be done to increase the capacity of personnel studying in medical universities and distribute them across the regions. We can see that the issue of retraining and improving the skills of existing personnel who were working was of great importance. Below, we will focus on the evidence when covering this issue.)

The district station staff established a number of control requirements for district organizations and institutions during 1992. There were also cases where these control requirements were ignored in some organizations and institutions. In particular:

-In order to ensure radiation safety in the district, only 7 people working in the fluorography and X-ray rooms of the central hospital were tested for X-ray poisoning. The health of 5 people was checked using a dosimetric device, and the remaining 2 continued their work without being tested.

-Regarding the commissioning of newly constructed facilities. The bus station building in the district center and the kindergarten building on the territory of the Gulbulak state farm were commissioned without the permission of the sanitary and epidemiological service.

- Regarding the prevention of poisoning by chemical substances. The analysis conducted shows that the situation is unsatisfactory due to insufficient work being done in this regard. For example, during 1992, employees of the sanitary and epidemiological service, together with the agricultural warehouse, conducted an inspection in the district only once.

- Regarding drinking water supply. Drinking water in the district did not meet sanitary requirements. In those years, there were 24 centralized water distribution facilities in the district, of which the drinking water distribution facilities in the central Osmat area were inspected only once or twice in 1992 [6. same source].

There were enough problems like this waiting to be solved in the early years of independence:

-firstly, regarding the prevention of infectious diseases;

-secondly, due to the inattention of district and farm leaders, the regulatory documents and programs that should have been implemented were not effective;

- also, all industrial enterprises with more than 500 employees do not have departmental control laboratories for monitoring the working conditions of workers and the cleanliness of the external environment [7.4-v];

- the use of chemicals in the production of food products in agriculture. Continuing the analysis, using the example of the same Bakhmal district, in 1991, out of 4,001 sample products taken for testing, 260 were found to have significantly higher levels of chemicals than the norm. As a result of such cases, diseases such as dysentery, diarrhea, hepatitis, and paratyphoid increased among the population [8.5-v].

Also, in 1993, during the audit of the state of implementation of the law and resolutions "On State Sanitary Supervision" and the use of budget funds at the Bakhmal district sanitary epidemiological station, the staff assigned to the district sanitary epidemiological station was not fully used. In total, 7 doctors worked instead of 19 doctors, and 20 paramedics worked instead of 45 paramedics. It was noted that during 1992, 2 construction sites were put into operation without the permission of the chief akim of the SES. Medical examinations were also not good. The implementation of the requirements for drinking water supply in the district farms was also unsatisfactory. The implementation of most of the requirements of the law was not monitored in a timely manner in the farms [9.35-v].

The next issue was practical work on improving the skills of employees working in this field and supporting them. In this regard:

-In 1991, 23 doctors and 14 mid-level employees improved their knowledge.

In 1994, 139 doctors, 16 employees with higher education in other specialties, and 311 secondary medical workers worked in the regional sanitary and epidemiological service. When we consider the level of provision with doctors in percentage terms, we see that it was 43.7 percent and with secondary qualified personnel it was 47.9 percent. In the first 6 months of this year, 35 doctors and 12 secondary medical workers were retrained. Despite economic difficulties, 10 times more funds were allocated for the activities of the sanitary and epidemiological service in 1994 than in 1993 [10.12-v]. Some positive work was also done to effectively support their work. In particular, in accordance with the Resolution of the Cabinet of Ministers under the President of the Republic No. 399 dated 27.03.1992 "On Benefits for Creative and Medical Workers of the Republic", in 1993, 143 employees of the sanitary and epidemiological service were given private housing by local khokimiyats, and 8 employees were given land plots for the construction of private housing. The salaries of employees increased on time based on decrees [11.13-v].

Another issue is the prevention of infectious diseases. As a result of the work carried out, we can see that in our region in 1991, compared to 1990, infectious jaundice decreased by 2.5 times, salmonellosis by 1.5 times, dysentery by 1.2 times, and measles by 4.3 times [12.43-v]. Throughout 1994, the sanitary and epidemiological service carried out its activities based on the plan approved by the regional khokimiyat and the health department, and in 6 months of this year, based on the requirements of the 1992 Law of the Republic of Uzbekistan "On State Sanitary Control", it carried out a number of measures aimed at improving the culture of sanitary and epidemiological services and reducing infectious diseases. In subsequent years, various sanitary regulations (SanPiN) were developed and put into practice based on the 1992 law. (For example, the 1997 sanitary norms)

In order to prevent the entry of quarantine diseases into the region, sanitary control points have been established and started operating since May 1994 under the customs offices of Mirzachul and Zamin districts. Measures have been developed and taken under control to prevent the entry of cholera and other highly dangerous diseases into the region. For example, in 1997, 3 sanitary control points were established under the customs offices of Zamin, Mirzachul, and Bakhmal districts bordering the Republics of Tajikistan and Kazakhstan, staffed by 6 doctors, 17 paramedical staff, 2 drivers, and 1 accountant [13.225-v]. Also, in 1997, based on the order of the regional health department, an advisory group with the participation of an infectious disease specialist, epidemiologist, and bacteriologist began working to provide practical assistance in the event of suspected highly contagious diseases. In the regional

infectious diseases hospital, in the joint-stock companies "Dori-darmon" and "Tibta'minot", a stock of clothes, liquids, and disinfectant solutions for 50 patients was prepared. Also, in accordance with Order No. 57 of the Ministry of Health of the Republic, 843 doctors, 2219 paramedical staff, 3 pathologists, and 18 disinfectors were trained in the measures to be taken when extremely infectious diseases are registered in the areas, and 6 doctors, 13 paramedical staff, 3 pathologists, and 2 forensic medical experts were retrained in the diagnosis of cholera. During the first 6 months of 1997, 1 special extremely dangerous and, since May, 6 district secondary laboratories were organized on duty for the analysis of cholera at the expense of the epidemiological fund. During this period, samples from 370 patients, 665 drinking water, 943 open water bodies and 114 wastewater were taken and tested for cholera, and fortunately, no NAG vibrios were found in them [14.224-v].

Based on the requirements of the Law on State Sanitary Supervision, during the first six months of 1994, 5 issues were considered by the Medical and Sanitary Council of the regional SSB, and 6 issues were considered by the Sanitary and Epidemiological Council, and the implementation of the adopted decisions was monitored. For violation of sanitary and hygienic rules and failure to ensure compliance with the requirements of the sanitary and epidemiological service, 482 people were fined 7,754,300 soums during the first six months, and the activities of 152 enterprises of the national economy were temporarily suspended. 142 people were dismissed from their duties, and documents drawn up for 52 citizens were reviewed by administrative commissions [15.13-v]. More than 30 expert speeches were organized in local newspapers on various topics such as prevention of food poisoning, prevention of infectious diseases, drinking water supply, and the state of sanitary cleaning work carried out in the areas. As a result, compared to 1993, dysentery decreased by 57 percent, paratyphoid by 51.6 percent, salmonellosis by 77.3 percent, infectious jaundice by 32.4 percent, and black lameness by 51.6 percent. This was certainly a pleasing situation. However, there were also cases where the sanitary and technical condition of drinking and wastewater facilities, public catering and trade enterprises, and the quality of products did not meet epidemiological requirements, which could lead to an aggravation of the epidemic situation due to the fault of some managements. For example, intestinal microbes were found in 13.1 percent of smears taken in bread-making enterprises and 12.0 percent in public catering enterprises. In addition, 8.2 percent of drinking water, 10.0 percent of soft drinks, and 7.8 percent of dairy products did not meet hygienic requirements for bacterial indicators.

The issue of environmental and drinking water control was also relevant at the time. In this regard, a lot of work was done at the republican and regional levels. In particular, the implementation of the decree of the first President of the Republic "On improving the supply of drinking water and natural gas to the population" adopted on July 28, 1990 in Gallaorol, Jizzakh, Zomin, Bakhmal, Pakhtakor, Zafarabad districts was studied by sanitary and epidemiological service employees and discussed several times in the emergency epidemic control commissions of the regional and district khokimiyats. Based on the adopted decisions, 700 million soums were allocated to Pakhtakor, Do'stlik and Zafarabad districts for the purpose of repairing the large water pipeline "Sangzor", and in 1994, 14.5 km of pipeline were laid. However, problems remained in some districts. For example, due to the fault of the "Suv aqava" enterprise, due to the malfunction of the water collection and chlorination equipment at the central water supply facility of the Zamin district, chlorine solution was discharged directly into the water pipe. At the Osmat water supply facility, sediment formed and the second chlorinator provided the population with turbid water without chlorination. The most regrettable thing is that the relevant organizations of the regional agro-industry, the territorial communal use association and the leaders of local khokimiyats did not take drastic measures to improve the supply of drinking water [16.14-v]. Initially, the positive effect of such issues was visible in high indicators only when the sanitary and hygienic culture among the population increased. Therefore, work has always been consistently carried out to promote hygiene rules among the population and form a healthy lifestyle.

Conclusion

In conclusion, it can be said that in 1991-1997, the most important tasks in the field of sanitary and epidemiological safety in the Republic of Uzbekistan were, first of all, the creation of a legal framework, strengthening the material and technical base of the sanitary and epidemiological service, reforming the existing SES system while preserving it, the issue of personnel, their support, the prevention of infectious diseases and strengthening sanitary control. It can be especially emphasized that this period served as the foundation for subsequent reforms.

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