

A. Khudaibergenov

Middle-level health workers in Uzbekistan

In the Uzbek Soviet Socialist Republic, a large percentage of the rural population receives both preventive and curative care from middle-level health workers such as feldshers and midwives. The scope of their activities is constantly expanding and now includes the observation and clinical treatment of the sick, the health surveillance of women and children, and preventive action in new agro-industry and animal breeding complexes.

The essential condition for meeting the need to protect and preserve a population's health is the availability of primary health care services. In Uzbekistan, the further expansion, improvement and upgrading of medical services for rural dwellers, who number more than 10 million and account for 59% of the total population, is one of the main concerns of the public health authorities and institutions. The accessibility of the public health service depends on the degree of development of the network of establishments to which people can turn for primary health care. By the beginning of 1985 the health ministry was operating 205 first aid and emergency aid posts in towns and villages, 1711 health centres attached to enterprises and staffed by feldshers, and more than 2500 outpatient clinics. In rural areas there are 155 central district hospitals, 387 rural hospitals, 920 independent rural outpatient clinics, and 6224 feldsher/midwife posts. The numbers of physicians and middle-level medical personnel per 10 000 inhabitants are 31 and 86 respectively.

In towns and district centres, primary health care is, as a rule, provided by physicians, while in rural areas a considerable proportion is provided by middle-level medical personnel. In 1984, urban inhabitants made an average of 12.5 visits to physicians at outpatient clinics while rural inhabitants averaged 6.1 visits to physicians and 4.9 visits to middle-level medical personnel.

The breakdown of outpatient visits by the rural population according to levels of medical organization was as follows:

	% rural dwellers attending as outpatients during:	
	1980	1984
Feldsher/midwife posts	35.8	35.7
Rural district hospitals, independent rural outpatient clinics	17.5	20.1
District centre hospitals, district hospitals, other medical establishments in district centres	41.7	39.0
Regional hospitals and clinics, medical establishments in large cities, clinics attached to research institutes, establishments at Republic level	5.0	5.2

Dr Khudaibergenov is a former Minister of Health, 12 Navoi, Tashkent, Uzbek Soviet Socialist Republic, USSR.

Of the cases among the rural population treated by middle-level medical personnel,

78.2% were dealt with at feldsher/midwife posts, the remainder at independent rural outpatient clinics and rural district hospitals. Clearly, the volume of medical care below the physician level—provided, for the most part, at feldsher/midwife posts—is considerable. The further development and efficient utilization of the middle echelon of the primary health care system is therefore of special importance.

In carrying out intersectoral cooperation, the public health bodies apply measures designed to extend and upgrade the activities of feldsher/midwife posts. The number of such posts rose from 5536 in 1980 to 6224 in 1984, during which period the rural population increased by 7.4%. The wide network of feldsher/midwife posts is helping to bring medical care to the rural population and making it possible for the large army of middle-level workers to participate, within the limits of their competence, in comprehensive hygiene

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promotion and epidemic prevention measures aimed at reducing the morbidity rate, preventing parasite-borne and occupational diseases, reducing injuries among agricultural workers, ensuring a satisfactory hygiene and epidemiological status in inhabited localities, providing regular medical check-ups for healthy as well as sick persons, and promoting health education and the acquisition of

hygienic habits. At the same time, if the feldsher/midwife posts are to carry out their tasks, we need to take a variety of measures designed to improve their work of offering medical care below the physician level, to reinforce their orientation towards disease prevention, and to ensure a smooth interaction between them and other public health institutions.

The efficacy of medical personnel in public health units depends on the facilities available, the geographical location, the number of localities served, the area covered, and road conditions, among other factors. Efficient transport and communications are vital for getting the best out of middle-level units in the primary health care system.

Patients at feldsher/midwife posts in densely inhabited localities, where there are good transport connections with the area centre, tend to require treatment for a rather limited range of problems, e.g., chronic complaints, minor injuries, and festering skin conditions. The activities of such centres are mainly preventive. For the inhabitants of remote villages, on the other hand, especially in desert, semi-desert or mountainous areas, the range of care provided by feldshers remains wider. The proportion of medical care they give to children and aged persons is particularly high. People go to feldsher/midwife centres in these areas principally because of poisoning, injury, or complaints of the respiratory and digestive organs.

Many preventive day centres are being set up at existing feldsher/midwife posts for the convenience of rural workers. The medical personnel organize annual check-ups of agricultural workers in accordance with an established schedule, apply preventive measures to healthy persons, and carry out treatments in accordance with physicians' recommendations.

Feldsher/midwife posts function under the permanent control of physicians working in rural outpatient clinics, who visit the posts, provide methodological guidance and counselling, and participate in prophylactic examinations of the population on a regular basis. In cases of emergency all necessary means for transportation of patients to a central district hospital or specialized hospital are available, including aerial ambulances.

The preventive work done by middle-level personnel is steadily expanding, especially at new agro-industry and animal breeding complexes. Today it no longer consists merely of carrying out vaccinations, monitoring conditions of hygiene, and providing health education, but also includes performing preventive examinations, maintaining a watch on the health of women and children, and organizing hygiene education courses; measures are also taken in connection with the observation and clinical treatment of the sick.

How effectively middle-level medical staff are used depends on whether there is a clear-cut distribution of duties among the various categories of personnel, on the possibilities of detailed work planning, and on manpower interchangeability. Medical colleges have been established in Tashkent and in the regional centres with a view to improving the professional qualifications of

middle-level medical workers. On-the-spot training is given at district centre hospitals and at regional medical and preventive establishments, as well as various forms of intermittent training based, for example, on conferences, seminars and ten-day courses at district centre hospitals.

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It has become a tradition in the Uzbek Republic to have a "midwife's day" and a "feldsher's day" and to organize a contest for the "best worker in a medical profession". Notice-boards have been set up in public health departments to show appraisals of middle-level medical workers. Frequent contact between physicians and middle-level medical personnel facilitates more efficient organization of the latter's work, especially as regards the preparation and conduct of preventive examinations, the organization of regular check-ups for the entire population, and the selection of patients for visits to consultants. □