



Global Conference on Multidisciplinary Research and Innovation

Hosted Online from Berlin, Germany

Date: 2nd October, 2026

Website: <https://econferencia.com>

PERIODIZING A CENTURY OF MEDICAL EDUCATION AND RESEARCH INSTITUTIONS IN UZBEKISTAN (1925–2025): AN INSTITUTIONAL APPROACH

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Abstract

The thesis proposes a periodization of the history of medical educational institutions and research institutes in Uzbekistan from 1925 to 2025. Using the criterion of institutional change – the emergence of new types of institutions, changes in their legal status and in their system of governance – it distinguishes five stages, characterizes each of them on the basis of archival and statistical sources, and identifies a pattern that recurs across the whole century.

Keywords: history of medicine, medical education, research institutes, periodization, institutional approach, evacuation, specialized centres, Uzbekistan.

The history of medicine is a relatively new field within the national history of Uzbekistan, and its methodology is still being formed. Existing periodizations of the history of medicine, such as those proposed by D.A. Balalykin and T.S. Sorokina, follow the stages of world science and do not fit the history of the institutions of a single country. Soviet-era works, in turn, followed an ideological scheme in which the stages of medical history coincided with party congresses and five-year plans. Post-Soviet studies have mostly described individual institutions or short periods and have not offered a single framework for the whole century.



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This thesis takes a different criterion: a new stage begins when the type, legal status or governance of institutions changes. Such changes can be dated precisely by founding acts, resolutions and archival records, and they make it possible to compare periods with very different political regimes on the same basis. On this basis, five stages can be distinguished.

1. 1925–1941: formation. The network of medical institutions was created in response to a severe epidemiological situation. Epidemics of cholera, malaria, leishmaniasis and dracunculiasis periodically claimed tens of thousands of lives, especially in the densely populated Fergana Valley and in the Tashkent, Samarkand and Jizzakh districts [1]. The Bukhara Tropical Institute, the first in Central Asia, was followed, under a decision of the Central Committee of the Communist Party of Uzbekistan, by the Institute of Experimental Medicine and the Institute of Maternal and Child Health (1927) [2]. The early 1930s saw a wave of new institutes: radiology and oncology (1931), tuberculosis, labour organization and health, and dermatovenereology (1932) [3], orthopaedics, traumatology and bone-and-joint tuberculosis (1932) [4], social hygiene (1933), and sanitation, hygiene and occupational diseases (1934) [5]. Medical education took shape at the same time: the Uzbek State Medical Institute in Samarkand was founded in 1930, and the medical faculty of the Central Asian State University became an independent institute in 1931. Research topics were set by state plans rather than by scientific need, and the network grew faster than its staff.

2. 1941–1945: wartime mobilization. The war radically changed the work regime of the network. About 400 teachers of the Tashkent Medical Institute and 190 staff members of the Samarkand Medical Institute went to the front; the Samarkand institute was even closed in December 1941 and reopened only on the basis of institutions evacuated from the west. Research topics were redirected to wound treatment, epidemic control and the production of biological preparations.



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Evacuation took place in three waves – July–August 1941, October–November 1941 and February–July 1942 [6]. The S.M. Kirov Military Medical Academy was moved to Samarkand and the 4th Moscow Medical Institute to Fergana [7]. By 1943, 203 highly qualified evacuated specialists worked in the republic, including 13 academicians and corresponding members and 128 doctors of science [8]. In 1943 alone, 153 research projects were completed in medicine [9], and the Academy of Sciences of the Uzbek SSR was founded on 27 September 1943 [10]. Evacuation strengthened local medical science rather than replacing it, and the war itself can be divided into three sub-stages: crisis (1941–1942), turning point (1943) and stabilization (1944–1945).

3. 1946–1991: extensive growth. The post-war decades were a period of quantitative expansion. New medical institutes were opened, including the Andijan Medical Institute in 1955, and the number of graduates of medical higher education institutions rose from 1,284 in 1960 to 4,237 in 1986 [11]. The research network also expanded: by 1984 Uzbekistan had 19 medical research institutes and 4 central research laboratories [12]. Growth, however, outpaced staff renewal and the material base. By 1990 the republic had 33 doctors per 10,000 population against 43 for the USSR as a whole, and the gap was largest in Karakalpakstan, Bukhara and Khorezm [13]. These imbalances, together with the ageing of academic staff, led to a systemic crisis by the end of the 1980s.

4. 1991–2016: adaptation. Despite the economic hardship of the first years of independence, scientific schools were preserved: 68 doctors and 270 candidates of science were trained in the medical field in 1991–1994 [14]. At the same time, the quality of research output was uneven. At the Republican Oncology Research Centre, for example, 203 publications appeared in 1995–1999, but most of them were conference abstracts, and the average output was only 0.5 articles per staff member per year [15]. In this period individual institutes were turned into



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specialized centres by separate decisions, without a single plan, so that institutions with similar functions ended up with different names, forms of ownership and funding arrangements.

5. 2017–2025: unified transformation. Presidential Resolution PQ-3071 of 20 June 2017 gave almost all national medical research institutions the same status of republican specialized scientific and practical medical centres [16]. Thirteen centres became lead organizations in their fields, combining research, clinical care, training of specialists and methodological guidance of the regions. Further resolutions in 2020–2022 extended the centres through regional branches and strengthened their laboratory, digital and international components.

Comparing the five stages shows one recurring pattern: in every period, the quantitative expansion of the institutional network ran ahead of the growth of qualified staff and the material base. In the 1930s new institutes were opened before departments were equipped; during the war the network survived thanks to evacuated scientists rather than to local staff; in 1946–1991 the number of institutes grew while the staff aged; and in the 1990s scientific schools were kept alive but research quality declined. A consistent policy aimed at closing this gap – by uniting research, clinical practice and training in one institution and by directing funding to the regions – took shape only after 2017.

The proposed periodization has two practical uses. First, it gives researchers a common framework for comparing the histories of individual institutes, which until now have been written according to their own, often incompatible, chronologies. Second, it shows that the main turning points in the history of medical institutions were connected not only with political events but also with changes in the form and governance of the institutions themselves. This makes the institutional approach a productive tool for further studies in the history of medicine in Uzbekistan.



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