

# The Material and Technical Base of Pharmacies in Andizhan Region and The Mechanism for Providing the Population with Medicines (As an Example of the 1960s–1970s)

Elyorbek Akramovich Tajimirzaev

Associate Professor of the Department of History of Andizhan State Pedagogical Institute, Doctor of Philosophy (PhD) in Historical Sciences, Republic of Uzbekistan

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## Abstract

*The article describes the material and technical base of pharmacies in the Andizhan region in the 1960s-1970s and the mechanism for providing the population with medicines through statistical data based on archival documents.*

**Keywords:** Pharmacy, pharmaceutical service, doctor, Soviet healthcare system, medicine supply, medical infrastructure.

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## 1. Introduction

In the Soviet healthcare system, pharmacies were an important component of providing medical services to the population. They were not limited only to the sale or distribution of medicines, but also performed such tasks as providing medical institutions with medicines, disseminating sanitary and hygienic knowledge among the population, preparing medicines according to doctors' instructions, and in some cases developing dosage forms based on special recipes. In this sense, the pharmacy system is not an auxiliary link in the healthcare sector, but rather a full-fledged institutional part of it. In the 1960s-1980s, a number of measures were taken in the Soviet Union, including in Uzbekistan, to expand the medical network, increase the level of provision of the population with medicines, and strengthen the coverage

of medical services in rural areas. However, a study of archival documents, reports, trade union materials, and the activities of local healthcare authorities shows that, along with certain achievements, there were also systemic problems in the activities of pharmacies.

## 2. Methods

In particular, factors such as insufficient material and technical base, interruptions in the supply of medicines, shortage of qualified pharmacists, underdevelopment of rural pharmacies, and excessive centralization of management limited the effectiveness of pharmaceutical services. This article scientifically analyzes the organizational structure of the pharmacy network, the mechanism of drug supply, personnel policy, the state of the material and technical base, social functions, and the factors that influenced the quality of pharmaceutical

services during the Soviet era.

### 3. Results and Discussions

**Organizational and departmental foundations of the pharmacy system.** In the Soviet healthcare model, pharmacies were organized on the basis of state ownership, and their activities were managed centrally. Pharmacies were managed by the Ministry of Health, regional and district health departments, and in some cases, special pharmacy departments. In this system, all the main areas of pharmaceutical service - reception, storage, distribution, accounting and delivery of medicines to the population - were carried out on the basis of the rules of a planned economy. The pharmacy network usually consisted of several levels. In cities, there were central pharmacies, in district centers - district pharmacies, special pharmacy departments at large hospitals, and in rural areas - drug distribution points at feldsher-midwifery stations or rural medical clinics. Although this multi-level system was theoretically aimed at covering different segments of the population with pharmaceutical services, in practice there were large differences between regions. In cities, the pharmacy network is relatively well developed, while in rural areas, the supply of medicines is often not continuous, but seasonal or limited. Also, due to the high degree of centralization of the management of the pharmacy system, the ability to quickly adapt to local needs is limited. The assortment of medicines, the distribution plan, the size of stocks, and even some organizational issues were regulated by standards set from above. As a result, there could be a shortage of medicines in high demand at the local level, and on the contrary, there could be an excess of some medicines that were less in demand. This is seen as one of the practical contradictions of the planned economy in the pharmaceutical sector.

**The mechanism for providing the population with medicines.** The main task of pharmacy activities was to provide the population with medicines. In Soviet times, the supply of medicines was established through a state order, a central distribution and warehouse system. Medicines were delivered to local pharmacies based on limits and plans set by higher organizations. Although this procedure provided a certain level of control and accounting, its effectiveness was not always high. In practice, pharmacies often faced the problem of drug shortages. There was a regular shortage of some essential drugs, especially antibiotics, drugs for cardiovascular diseases, special means for children, vitamin

preparations, and some types of drugs needed for emergency care. This situation was especially acute in remote districts and rural areas. The reason was that central city pharmacies were first supplied, and the remaining stocks were directed to rural areas. Disruptions in the supply of drugs are explained by a number of factors. Firstly, the volume of production did not always correspond to the real needs of the healthcare system. Secondly, transport and logistics issues, especially in rural areas, were a serious obstacle. Thirdly, calculations and forecasting of needs in the pharmacy network in many cases repeated the indicators of previous years, not real demand. This, in turn, led to an excess stock of some types of drugs, and a constant shortage of others.

At the same time, Soviet-era pharmacies operated on the basis of a relatively affordable price policy for the population. Thanks to state subsidies, basic medicines were economically affordable for a wide range of people. This situation indicates the social orientation of healthcare. However, affordability was not always in harmony with sufficiency and quality. Although the price of medicines was low, the social efficiency of this system decreased in conditions where it was difficult to find them.

**Material and technical base of pharmacies.** The efficiency of pharmacies largely depended on their material and technical support. Although relatively good conditions were created in some city pharmacies in the 1960s-1980s, many district and rural pharmacies were located in cramped, unsuitable buildings. They did not always have the necessary temperature regime, the ability to control humidity, special shelving and refrigeration equipment for storing medicines. The equipment necessary for pharmaceutical activities - scales, measuring cups, mixing and packaging tools, prescription department equipment, laboratory inventory - was often outdated or insufficient. In particular, the lack of modern equipment in pharmacies that prepare medicines based on prescriptions affected the quality and speed of work. This situation was even more pronounced in rural pharmacies, which were limited to distributing finished medicines. The weakness of the material and technical base affected not only the production or storage process, but also the culture of serving the population. Queues, limited service windows, the absence of a special place for providing information, buildings that did not fully meet sanitary requirements negatively affected the overall activity of pharmacies. In this regard,

the issue of improving the material infrastructure in the pharmacy system was closely related to the overall development of the medical sector.

The provision of medicines to the population of the region and treatment and prevention institutions is carried out through 91 self-employed and 14 budget pharmacies, 5 departmental pharmacy bases, 58 branches and 285 pharmacy points, 8 of which are in group I. The average population load per pharmacy is 11.9 thousand people. In general, the load per pharmacy is within the norm, but it should be noted that the load on pharmacies in Moscow, Izboskan, Khojaabad districts and the city of Andizhan is much higher. 9 of the existing pharmacies did not meet sanitary and fire safety requirements, especially this was the case for the pharmacy base [1:9]. In connection with the formation of Marhamat and Pakhtaabad districts, two central district pharmacies were established, but they were not provided with motor transport. This had a negative impact on the supply of medicines to pharmacies in these districts. There are significant shortcomings in pharmacies, advanced service methods have not been sufficiently introduced. Pharmacy employees did not cooperate closely enough with medical institutions, did not properly observe the procedure for storing and accounting for drugs that were scarce in places, and had a strong effect.

In 1973-1974, the population of Andizhan region and treatment and prevention institutions were provided with medicines through 3 private pharmacies and 18 hospital pharmacies. In addition, 301 pharmacy outlets and 58 pharmacy stores operated in the region. The plan for the sale of medicines and medical supplies was being implemented. For example, the turnover plan for 10 months was fulfilled by 112.8%. From January 1, 1973 to November 1, 1974, in order to improve the technology of drug preparation and create the necessary conditions for pharmacy employees and customers, pharmacy equipment and furniture worth 194 thousand rubles were purchased. Also, new model pharmacy buildings of category IV were built and commissioned in Lenin and Boz districts, and the construction of a new pharmacy building of the same category was nearing completion in the microdistrict of Andizhan city. During the 11 months of 1973 and 1974, 106.9 thousand rubles were spent on major repairs of pharmacy buildings. In 1973-1974, the assortment of medicines and medical supplies allocated for the Andizhan region increased by 200 items, 35 of which were new drugs. An information department was established in the building of pharmacy No. 966 in

Andizhan city. All reference books and samples of medicines included in the annual order were available there. As a result of the increase in the supply of medicines and medical devices, the expansion of their assortment, the implementation of measures to strengthen the material and technical base of pharmacy institutions, the improvement of the forms and methods of providing the population with medicines, and the improvement of the work culture of pharmacies, the population's need for many medicines was satisfied in 1973-1974 [2:52]. The medical industry did not produce sufficient quantities of some medicines, and most of them were not produced at all. For several years, the need for such important drugs as adurectin, lidase, ronidase, abomin, chymopsin, chymotrypsin, trepalin, biogenic stimulants (vitreous body, FIBS, siphonal, peloidin), which are widely used in medical practice, remained unsatisfied. The nomenclature of X-ray contrast agents produced in the USSR was also very limited.

As a result of incorrect calculations of the needs of treatment and prevention institutions, difficulties arose in ensuring the uninterrupted supply of medicines such as teodibase, penicillin, monomycin. Due to the lack of raw materials, medicines such as neoropen and beroksan were not purchased in sufficient quantities [2:53]. The uninterrupted supply of medicines was also negatively affected by regular interruptions in the timely delivery of medicines by the medical industry. Also, due to the short shelf life of some medicines, it was not possible to accumulate their reserves. Information about available medicines was also insufficient. 7 pharmacies operated in Pakhtaabad district [2:54]. In the early 1960s, pharmacies were not adequately supplied in all districts of Andizhan region [3:31]. Until 1917, there were only 2 pharmacies in Andizhan region, and in 1960, 58 pharmacies operated, 11 of which were opened only in 1960. In accordance with the decisions of the regional executive committee, 19 more outlets were to be opened by the end of 1960 to fulfill the seven-year plan [1:38]. As a result of practical assistance provided by local party-soviet bodies, chief doctors of the MSO and LSO, as well as collective farm leaders, new capital-built buildings were allocated for newly opened pharmacies. For example, the "Kizil Yulduz" collective farm in Andizhan district, the Sverdlov collective farm in Marhamat district, and others were provided with new buildings. In the early 1960s, preparatory work was carried out to open new pharmacies in Uychi, Yangikurgan, Stalin, Khalduvanbek, Norin, Altinkul, Jalalquduk, and Boz districts. It goes without saying that

the provision of medical services and treatment facilities to the population largely depended on the expansion of the pharmacy network. As the Minister of Health of the Uzbek SSR, Sagatov, noted in his report to the 4th session of the Supreme Council of the Uzbek SSR, the pharmacy network of the republic lagged far behind the growth of medical institutions and the needs of the population. In the post-war period, the city of Andizhan became a major industrial center of the republic, a medical institute has been operating for five years, many medical institutions have been opened, the population has grown, but the number of pharmacies has remained at the level of 1946.

In 1958-1959, we repeatedly put before the city executive committee the issue of allocating a building for the opening of two new pharmacies and one specialized store selling medical equipment, but did not receive a positive response. Therefore, it is no secret that if in the RSFSR one pharmacy was on average 15 thousand people, then in Andizhan this figure reached 30 thousand people [1:38]. This situation led to the fact that medicines were not prepared on time and long queues appeared in pharmacies, because the load was very large. Even worse, if before the Second World War pharmacies were fully operational, then by the beginning of the 1960s their capabilities were limited. In particular, a large part of the buildings and territory of pharmacies No. 1, 2 and 3 were occupied by the regional pharmacy base, chemical laboratories, offices of the pharmacy department, and even housing for pharmacy employees. As a result, all pharmacies and their bases were in a very tight situation. However, the appeals of the Andizhan regional pharmacy department to the city executive committee to allocate suitable buildings and apartments for the expansion of pharmacies ended in refusals. It should be noted that the city health department, being one of the important departments of the city executive committee, did not provide the Andizhan regional pharmacy department with appropriate assistance in these matters. Insufficient attention was paid to the development of the pharmacy network, which was also noted by the pharmacy manager and the chief physician of the Chinabad district medical and sanitary association. When opening new pharmacies, it was also necessary to take into account their profitability. If pharmacies were opened without taking into account economic calculations and the development of the network of medical institutions in the region, they operated at a loss. This situation was observed in a new pharmacy opened at the Sverdlov collective farm in the Marhamat district. The medical point there was closed,

as a result of which outpatients did not come with prescriptions. Experts of that time believed that in such conditions, it was pointless to have a pharmacy, and it would be enough to have only a pharmacy shop. One of the main measures to bring medical services closer to the population is to develop a network of pharmacy points. There are 229 pharmacy points in Andijan region, but more than 40 percent of them existed only on paper. The assortment of goods in pharmacy points was insufficient [1:39]. Many pharmacy points did not enter monthly income, and there were even cases of embezzlement of funds. There were cases of dismissal of pharmacy point managers based on letters of guarantee from the chief doctors of the medical and sanitary association without settling accounts with the pharmacy.

#### 4. Conclusion

During the Soviet era, pharmacy activities were formed as an integral part of the healthcare system and played an important role in providing medical services to the population. The example of the 1960s–1980s shows that the expansion of the pharmacy network and the state-controlled distribution of medicines was a positive process. However, a number of factors that hindered the stable and effective functioning of this system, including centralization, supply disruptions, poor material and technical base, personnel shortages, and territorial inequality, persisted for a long time. In this regard, the history of pharmacies is inextricably linked not only with the history of medicine, but also with the history of social policy, public administration, labor relations, and the daily lives of the population.

#### References

1. Andizhan regional state archive, fund 286, list 1, File 67.
2. Andizhan regional state archive, fund 286, list 1, File 72.
3. Andizhan regional state archive, fund 286, list 1, File 76.