

The Activity of Pharmacies and The System of Pharmaceutical Services to The Population in The Andizhan Region (As an Example Of 1960s–1970s)

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Abstract

The article describes the activities of pharmacies and the system of pharmaceutical services to the population in the Andizhan region in the 1960s-1970s using statistical data based on archival documents.

Keywords: Pharmacy, pharmaceutical service, Soviet healthcare system, drug supply, pharmacist personnel, rural medicine, medical infrastructure.

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1. Introduction

Analysis of the financial and production activities of the Andijan regional pharmacy department. Financial and production indicators characterizing the activities of the Andizhan regional pharmacy department for the first half of 1960 allow us to assess the economic efficiency and structural changes in the pharmaceutical service system. During this period, the pharmacy network operated on the basis of a state plan, and its main indicators were reflected in the turnover, forms of trade, the level of savings, budget allocations and the volume of prescriptions. According to archival documents, the total turnover of the pharmacy department amounted to 12,867,0 thousand rubles instead of 12,806.0 thousand rubles set in the plan, and the plan was fulfilled by 104% [1:40].

2. Methods

This indicator indicates that the overall economic activity in the pharmaceutical service sector was provided at a level exceeding the plan. That is, the pharmacy network exceeded the set quantitative task of providing the population with medicines. However, a structural analysis of the turnover shows its internal imbalance. In particular, the retail trade plan was 6512.0 thousand rubles, but in practice it amounted to 6289.4 thousand rubles, which was fulfilled by 97%. This means that the volume of direct sales of medicines to the population decreased compared to the plan. On the contrary, wholesale trade amounted to 6547.6 thousand rubles, which was fulfilled by 113% [1:40]. Thus, the bulk of pharmaceutical products was supplied not to the population, but to medical institutions, organizations and other structures.

3. Results and Discussions

This indicates that institutional consumption was the priority in the activities of the pharmacy department. That is, in the activities of pharmacies, the provision of hospitals, polyclinics and other medical institutions took precedence over the needs of the population. This confirms the centrality of medical institutions in the Soviet healthcare system. Savings indicators are also noteworthy. While the plan was set at 1838.0 thousand rubles, in practice it amounted to 1696.0 thousand rubles and was implemented by 92.3% [1:40]. This indicator indicates that financial efficiency was lower than planned. That is, despite the increase in turnover, the level of savings did not give the expected result. This situation was associated with the growth of costs, inefficiencies in the pricing policy and supply system. A significant difference is also observed in budget allocations. While the plan provided for 1366.0 thousand rubles, in practice 900.0 thousand rubles were allocated [1:40]. This indicator indicates that the plan was not fully implemented and that revenues to the state budget were lower than expected. This situation had a negative impact on the financial stability and efficiency of pharmacy operations.

Prescription indicators reveal the medical aspect of pharmacy activities. The total volume of prescriptions amounted to 508.2 thousand rubles, of which 206.2 thousand rubles were for the issuance of finished medicines. The share of finished medicines in the total prescriptions was 40.5 percent [1:40]. This indicator indicates that the share of industrially produced medicines in pharmacies was quite high. At the same time, the remaining part, approximately 59.5 percent, corresponds to the share of medicines prepared in pharmacies themselves based on prescriptions [1:40]. This indicates that in the 1960s, the production function of pharmacies was still important in pharmaceutical services. That is, pharmacies operated not only as distributors of finished products, but also as institutions for the preparation of medicines. The indicators of the Andizhan regional pharmacy department for the first half of 1960 reveal two important aspects of the pharmaceutical service system. On the one hand, the exceeding of the total turnover of goods indicates the active functioning of the sector, on the other hand, the imbalance between retail and wholesale trade, low savings and budget indicators indicate its internal problems. Thus, the activities of pharmacies during this period are not economically stable, but rather a system

with certain contradictions. These contradictions have led to the need in recent years to improve pharmaceutical services, strengthen the material and technical base, and revise supply mechanisms. Improving the quality of drug preparation and reducing the time for their preparation depended on increasing the number of standard drugs. In this regard, Andizhan region lagged behind the average indicators in the republic. There was a need to increase the ratio of finished drugs to at least 70 percent [1:40]. To do this, pharmacy employees had to work hard together with doctors, expand the range of standard drugs and pharmacy stocks based on the study of local prescriptions. Also, the wholesale turnover plan, that is, the supply of medical institutions, was fulfilled in the first half of the year by 783 thousand rubles. Despite the fact that, in accordance with the government resolution, prices for basic medical goods were reduced by an average of 14% from January 1, 1960, this is a good indicator [1:40]. However, despite this, there were serious shortcomings in the timely supply of medical institutions. Although the total plan was fulfilled by 104%, the retail turnover was not fulfilled by 223 thousand rubles, which indicates the weakness of the work in the retail sector. Some pharmacy managers did not systematically fulfill the turnover plan (for example, the head of pharmacy No. 114 Umarov, the head of pharmacy No. 297 Rasulev, etc.), but no strict measures were taken against them [1:40]. In the second quarter of 1960, 28 pharmacies were awarded prizes for fulfilling and exceeding the state plan [1:40]. In accordance with Order No. 416 of the USSR Ministry of Health, awards in the amount of 49,000 rubles were allocated, which served to further develop pharmacy work and improve the financial situation of pharmacy employees.

One of the main indicators of the activity of pharmacies is the elimination of shortages in the preparation of medicines. There are certain improvements in this area compared to previous years. If in the first half of 1959 the shortage in the region amounted to 3.5 percent, in the first half of 1960 it was reduced to 1.7 percent. However, this indicator was higher than the average for the republic [1:41]. In some cases, cases of incorrect prescription of one medicine instead of another were also identified, which led to serious consequences (for example, in pharmacy No. 125 in the Pakhtaabad district - former director Mansurbekov, in pharmacy No. 286 - former director Dagdiya in Kurgan-tepa), they were punished in a timely manner. This year, it was possible to achieve even better results in the quality of drug preparation, but this was not achieved due to a large shortage in some

pharmacies (pharmacy No. 56/2 in Andijan - manager Nazarov, pharmacy No. 228 in Buza - manager Ibragimov), as a result of which they lagged behind the indicators of the entire region. Recently, as a result of measures taken to improve the activities of these pharmacies, labor culture has increased, pharmaceutical procedures have improved, and cases of violations of drug preparation technology have decreased. The leadership of the regional pharmacy department did not pay enough attention to frequent inspections of the work of specialists, providing on-site advice and instructions, and improving their knowledge and skills, and the pharmacy staff did not fully fulfill their duties. For example, in 1959, the heads of city pharmacies, Dombrovsky, Nazarov, Isakov, Madarimov, took over the patronage of rural pharmacies, but they completely forgot about fulfilling their obligations, that is, providing constant practical assistance. It is known that the improvement of the skills of specialists is associated with their removal from their workplace and sending them to advanced training courses, but this measure was misunderstood by some head doctors in the region, which led to violations. For example, in order for the young head of pharmacy No. 228 in the Boz district, Ibragimov, to be sent to advanced training courses for a month, another employee had to take his place. However, as a result of the opposition of the regional medical department, the advanced training did not take place [1:42]. Pharmacy employees are always obliged to serve to ensure the uninterrupted supply of medicines to the population and the provision of medical institutions with the necessary equipment. If we compare the indicators of the first half of 1960 with the same period in 1959, we can see that medical supply work has improved. Biomycin, ACTG, bromine preparations, zinc oxide, salicylic acid, penicillin, streptomycin, phtivazide, glucose, novocaine, coamide, ampoules of vitamins B1 and B12, various vitamin preparations, syringes, thermometers, cotton wool, bandages, sphygmomanometers, X-ray machines and many other medicines, medical devices, equipment and supplies were distributed in large quantities. However, pharmacies could not fully satisfy the growing needs of the population and medical institutions. Even medicines that were brought in sufficient quantities were not delivered to the districts on time, as a result of which there were shortages in one place and overstocking in another. In order to eliminate this situation, the Andizhan pharmacy base introduced the practice of delivering products to regional pharmacies in a circular manner

since the last months of the first half of 1960 [1:42].

Antibiotics, vitamin preparations, hematogen and cotton, which arrived in sufficient quantities at the base, were delivered to all districts for a decade, and such deliveries gave effective results. There was a constant shortage of drugs such as anti-tuberculosis drugs - sodium salt of aminosalicic acid (Pask), streptocide, powders, potassium manganese acid. Many goods allocated from the central pharmacy warehouse were received with great interruptions and in insufficient quantities. In the first half of 1960, there was a shortage of funnels, parchment paper, wrapping paper, etc. Also, the rapid growth in the number of hospitals, dispensaries and pharmacies posed great challenges to pharmacies in meeting their needs [1:43]. Since the sales department of the State Pharmacy Center of Uzbekistan is considered the leading and responsible body for the republican supply, they were contacted on issues of supplying medicines, but in most cases they received a standard answer: "Request from suppliers according to funds, you did not submit an application for 1960." In some cases, an artificial shortage occurred due to the fault of pharmacy employees, and there was no constant communication between medical institutions and pharmacy managers. Cases of illegal refusal to dispense medicines were identified in pharmacies inspected by the regional state medical inspection. For such violations in trade, the heads of pharmacies 56, 60 and 170 were subject to administrative penalties [1:44]. Also, many young doctors recommended that certain drugs be found only in ampoules when writing a prescription. In fact, if they were not available, the pharmacy could prepare a sterile solution in the required volume and concentration. However, pharmacy employees rarely managed to convince the patient. Some doctors, especially those who knew that new drugs were not in stock, continued to prescribe them on a large scale.

As a result, many patients were forced to search for their medicine, lost valuable time, and caused dissatisfaction among patients. Improving medical care and eliminating disruptions in the supply of medical goods depended largely on the financial situation of the regional pharmacy department. The department constantly faced great difficulties in this matter. For example, in the early 1960s, the department had a "second file", that is, unpaid bills for goods shipped, which amounted to about half a million rubles. It also received telegraphic and written warnings from its suppliers, factories, to stop supplying goods. This threatened to lead to a huge shortage of many

drugs and medical equipment if the department's financial situation was not corrected. Such illegal situations arose as a result of non-payment of bills for products on time. For example, in the first half of the 1960s, the regional sanitary and epidemiological station did not pay a large amount of money for disinfectants for two months. The regional health department had an unpaid bill for one disinfectant in the amount of 38.0 thousand rubles. Due to the lack of financial resources, equipment for children's milk kitchens worth more than 40.0 thousand rubles remained in the warehouse for a long time. Andizhan State Supply Organization has not paid a bill for ordered reagents in the amount of about 30.0 thousand rubles since April 1960 [1:44]. Also, cases of medical institutions receiving goods from pharmacies on credit were constantly observed.

In providing qualified medical care to the population, providing the population and treatment and prevention institutions with medicines plays an important role. In 1973, 11 pharmacies provided pharmaceutical services to the population and medical institutions in the Andizhan district. In addition, pharmacy points were established at 40 paramedic and paramedic-obstetric posts. On average, 12.1 thousand people correspond to one pharmacy. Although this indicator is within the general norm, large collective farms - Yambol collective farm, Kuybyshev collective farms, Navoi collective farms and Okhunboboev state farm - did not have pharmacies. Of the existing pharmacies, the pharmacy under the Buta-Kara village council did not meet the requirements [2:10]. In 1975, there were 115 farm-account pharmacies in the system of the regional pharmacy department [3:22].

Personnel policy and the problem of pharmacists. The quality of pharmaceutical services depends, first of all, on the human resources. In Soviet times, pharmacies were staffed by pharmacists, pharmacists, laboratory technicians, warehouse workers and support staff. However, the shortage of qualified personnel in district and rural pharmacies was a constant problem. There were several reasons for the shortage of personnel. First, the number of graduates of specialized educational institutions in the pharmaceutical field was small compared to regional needs. Second, specialists with higher or secondary specialized education preferred to work in cities, while rural pharmacies were not fully staffed. Third, due to limited wages, working conditions and social and household opportunities, there was a high staff shortage. Some pharmacies also employed

employees with incomplete specialized pharmaceutical education. This situation reduced the quality of storing medicines, working with prescriptions, advising the population and keeping accounts. Although there were advanced training courses, their scope and effectiveness were not the same. Thus, the issue of personnel was one of the most painful links in the pharmacy system, which directly determined the quality of service.

Rural pharmacies and pharmaceutical services in remote areas. Although the Soviet-era medical system set itself the goal of expanding medical services to the rural population, in practice the difference between urban and rural areas remained for a long time. This is also evident in the case of pharmacies. In villages, there were not fully functional pharmacies, but often small drug distribution points, departments with limited reserves at outpatient clinics or feldsher-midwifery stations (FAP). The assortment of medicines in such points was quite narrow, limited mainly to the most necessary means. Complex drugs, drugs requiring a special prescription, or perishable drugs had to be brought from the district center. This created additional difficulties for the population, especially the disabled, the elderly, pregnant women and families with children. The underdevelopment of rural pharmacies exacerbated territorial inequality. Compared to urban residents, rural residents had much more limited access to medicines. Therefore, the history of pharmacies is connected not only with the history of medicine or pharmacy, but also with the history of social inequality, infrastructure development and the history of the state's territorial policy. Sanitary, educational and social functions of pharmacies. Soviet-era pharmacies were not only trading or distribution institutions. They also performed tasks such as explaining sanitary and hygienic rules to the population, advising on the correct use of medicines, and participating in certain preventive measures. In this regard, pharmacies also played a certain role in the preventive model of health care. Pharmacists were often seen as specialists who provided initial advice to the population. It was the pharmacy employee who prescribed the patient the medicine. Therefore, the history of pharmacies should also be studied from the perspective of labor history. Since the share of women's labor in this area was large, and working conditions were often considered "light labor", its complexity was not sufficiently taken into account.

Assessing the effectiveness of pharmacy activities. It cannot be denied that the pharmacy system achieved

certain successes in the 1960s-1980s. The provision of medicines to the population under state control was established, the network of pharmacies expanded in cities and districts, cooperation with medical institutions was strengthened, and the economic affordability of medicines for the population was ensured. However, these successes did not completely eliminate the internal contradictions of the system. In the conditions of centralized planned management, it was difficult to quickly and accurately take into account real needs. Due to the weakness of the material and technical base, transport problems, personnel shortages, and limited infrastructure in rural areas, the quality of pharmaceutical services differed sharply across regions. This situation shows that quantitative growth in the pharmacy system did not always lead to qualitative changes. Therefore, a two-pronged approach is necessary when assessing the activities of pharmacies. On the one hand, it was important as a social institution that covered the population with minimal medicines. On the other hand, its effectiveness was limited due to the structural shortcomings of the planned economy.

4. Conclusion

During the Soviet period, 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. From this perspective, the history of pharmacies is inextricably linked not only to the history of medicine, but also to the history of social policy, public administration, labor relations, and the daily lives of the population.

References

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