
OPPORTUNITIES TO APPLY THE EXPERIENCE OF FOREIGN COUNTRIES IN PROVIDING MEDICAL - SOCIAL SERVICES TO THE ELDERLY AND PERSONS WITH DISABILITIES IN UZBEKISTAN

Zaitov Elyor Kholmamatovich*

*Assistant of Professor, (PhD),
National University of UZBEKISTAN
Email id: e.zaitov@nuu.uz

DOI: [10.5958/2249-7315.2021.00152.0](https://doi.org/10.5958/2249-7315.2021.00152.0)

ABSTRACT

In this article, the author tried to consider the possibilities of using the experience of foreign countries in providing medical and social services to elderly and persons with disabilities in Uzbekistan. Analyzing the medical and social services sector of advanced foreign countries, he made theoretical and practical conclusions.

KEYWORDS: *Medical-Social Service, Pension Provision, Social Security, Lonely Elderly And Persons With Disabilities, Social Protection, Health, Social Policy, Social Worker, Social Assistance, Private Sector, Need Layer, Patronage Service.*

INTRODUCTION

Today, the development of the process of aging of the population in most countries of the world requires special attention to the social protection of the elderly. An example of this can be cited European countries. Since most developed countries in Europe took part in this process after the Second World War, Social Security programs for the support of elderly and disabled persons were developed and created special systems for the implementation of social policy. As a result, polyclinics, hospitals, nursing homes, public and private sector nurse care homes, disabled homes, hotel-type hostels operate as facilities providing medical and social services to the elderly and persons with disabilities in the UK. In Great Britain and Northern Ireland, until the 70s of the twentieth century, the costs of social services were mainly focused on financing from the state treasury. In 1979, M.Tetcher said that after the government was elected as prime minister, it began to take measures aimed at reducing the role of the state in providing social assistance and reducing most of the government expenditure on public needs. As a result, the support of initiatives of private sectors and commercial organizations in the provision of Social Security and social services in the UK began.

The UK Department of Health (Secretary of for Health) is responsible for the development of policies, legislation and standards. The department is not responsible for the provision of direct social services. The department develops policies through the organization of consultations with all interested parties, including various organizations and representative bodies. As an example, the amendments to the quality standards for disabled homes began to be implemented after such consultations. The task of providing social services (through the council) was entrusted to the local government. Each council has the obligation to fulfill four separate tasks: first, to meet exactly the same need as it determines what needy people need; second, to provide social services only by social service organizations and private organizations and councils; third, to provide some social services independently by local councils themselves.; the fourth is to ensure that the most needy citizens and families are being served and that they should be able to perform tasks such as efficient use of resources.[1]

In the UK, the activities of groups consisting of social workers, general practitioners physician,

gerontologist, patronage nurse, psychologist, clinic doctor, district nurses, who provide assistance to the elderly and people with disabilities are common. These groups approach each situation individually in their activities and, having studied it comprehensively and deeply, help the client on the basis of a personal plan in which his needs are taken into account. It also examines its moral characterization in order to determine the level of social and mental vulnerability of the client. In the UK, the main responsibility for the provision of medical and social services to single-aged and disabled people is entrusted to the local government, which also allocates a large part of the funding. In order to coordinate the activities of the doctor of general practice in the field of medical care in the country, the post of "nursing manager" was established. This specialist coordinates the process of assistance and provides advice on the necessary services. In most countries of Europe, a system of home care for the elderly alone has been established.

A significant aspect of the sphere of provision of social services to the vulnerable stratum of the population in France is the fact that in the process of provision of social services, several ministries work in harmony. In this regard, the Ministry of Health, Family and disabled Affairs (Ministère des Affaires Sociales et de la Solidarité Nationale) coordinates the process of organizing social services for persons with disabilities and disabilities, together with their work with health in the country, if the tasks related to the implementation of social security measures are carried out by the Ministry of "Social relations and solidarity" (Ministère de la Santé, de la Famille et des Personnes Handicapées), (Départements) and (Communes) social services organizations in the form of municipalities can also be switched.[2]

In particular, in Venice there are special day-time communication and treatment houses for the elderly alone, in Frantic the elderly alone taken into the patronage of the family, while in Lithuania, Latvia and Estonia in the Baltic countries the patronage service of home care for the elderly alone is developed. Also, specially trained social workers in these countries will help lonely elderly patients to buy the necessary Tavares, prepare food, collect rooms, read with them and have a conversation. In Malta, a family form of social support for the elderly is developed. More than 50 years ago, most families in the country belonged to the extended type. Currently, such a form of the family is common in rural areas. Here, according to the tradition of marriage, young families usually live an army with their parents. This in turn means that there will be a lot of family support for the elderly. In Malta, the state is considered to provide the main service for feeding the elderly. In 1987 year in the country, a department was established that deals with the problems of elderly people. The department provides a range of services to the elderly without leaving the community:

- Centers for day-to-day communication – helps the elderly in getting rid of social loneliness;
- Help in home conditions – cooking, shopping, cleaning the house and washing dishes, going to the pharmacy;
- Master service – provides home repair services;
- Medical care – this service is usually provided in private institutions, in part (MMDNA) in the Association of a nurse;
- Temporary care – includes the provision of a temporary stay in the nursing home or in private institutions of St. Vincent de Paule, when it is necessary for the elderly to leave their relatives for a certain period of time. [3]. It should be emphasized that family support in Malta is of great importance so far.

An important form of service for the elderly in the US is nursing home – nursing home. People aged 85 and older who want to live in a nursing home should meet a lot of requirements. First of all, a person should be alone, that is, he should not have a spouse with whom he lives, he is involved in treatment, he does not have the opportunity to self-service or is mentally retarded.[4]

the experience of Asian countries in social protection of the elderly deserves attention yes. In most Asian countries, forms of social support for the elderly, such as state, non-state and family support, are common.

In Japan, a program is being implemented to partially compensate for the expenses of medical services at home in cases of sick elderly and disabled people alone from the account of state-level social insurance funds. In addition, the number of day caregivers who provide temporary assistance to the family in feeding single elderly and disabled people in the country is also increasing. Since the large number of elderly people in Japan experienced excessive concentration in the country's economy in the 1990 year, the social provision of the population has been reduced for some time and many benefits granted to households consisting of families and elderly people who have lost their breadwinners have been canceled. As a result of this, the population layer in need of social protection in the country was deprived of the opportunity to use the social service program called "emergency". In order to solve this problem, the Ministry of Health, Labor and Social Security formed the "Advisory board" in 2003 year. Currently, in Japan, the advisory board is dealing with the issues of reform of activities related to the provision of social services to categories of the population in need of social protection and the introduction of modern technologies of social services into practice.[5] an increase in the absolute and relative number of seniors in India is an important demographic problem. The country currently ranks second in the world in terms of the number of seniors. According to statistics, in 1991, the number of elderly (60 years and older) in the country amounted to 55.3 million people, by 2000, their number reached 75.9 million people or increased by 37.2 percent. According to UN demographics, in 2021, the number of seniors in the country reaches 136,5 million people (10% of the total population).

According to the calculations, at the beginning of 2021 year, the population of India had the following age distribution:

- 412 614 159 young people under 15 years of age (219 190 408 male / 193 423 751 female);
- 902 111 130 people over 14 years of age and under 65 years of age (men: 466 274 997 / women: 435 836 133);
- 75 812 098 people over 64 years of age (men: 36 056 634 / women: 39 755 464).[6]

This necessitates the formation of a social demographic policy in the country and the need to pay special attention to the planning of services for the elderly. In India, there is a tradition of helping the elderly in need. In the country, the first nursing home was founded in the XVIII century. The elderly, especially the poor, sick, homeless the elderly receive help from the state and various volunteer organizations. The government of India made a decision in 1984 year to raise official funds for the first volunteer organization serving the elderly. The fund provides financial support to the elderly, as well as funding for health care, additional education and nursing homes. In 1992, the country developed the program "Old-age solidarity" by the Ministry of Population Welfare. Its main purpose was to promote the activities of volunteer organizations providing assistance in obtaining the necessary subsidies for workers in nursing and day-to-day communication homes, providing nursing services. The financial resources that the government allocates to the official support of the activities of non-governmental organizations are not yet sufficient to solve the problems associated with the aging of the population in the country. A number of non-governmental organizations have achieved positive results in the implementation of their programs, and has benefited from the support of international and national donors. Currently, there are 5 volunteer organizations operating at the state level in India:

- Bharat Samaj Pensioners' Association;
- CARITAS Indian organization;

- Indian Association of pensioners by age;
- "Help the elderly" society;
- Society for the care of the elderly.

Bharat Samaj is an all-Indian Federation of the Pensioners Association – This organization unites the pensioners in the Central and state institutions, as well as in the semi-government organizations, conducts negotiations with the relevant authorities and provides assistance in resolving family conflicts. CARITAS is a member of the Indian organization – CARITAS International and operates at the level of trade unions throughout India. It is an official organization at the state level, providing assistance to the sick, poor and lonely elderly.[7] Indian Association of age pensioners – this organization is provided with voluntary donations, as well as funds from the account of government subsidies.

An analysis of the experience of social protection of the elderly and persons with disabilities in the countries of the world shows that any country was able to solve the social problems of this group of the population through the development of a system of social protection.

In this regard, the system of providing medical and social services to the elderly and persons with disabilities is being radically reformed in our country. As an example, the agency for the development of medical and Social Services, established on the basis of the resolution of the president of the Republic of Uzbekistan № PP-5038 "On the organization of the activities of the agency for the development of medical and social services" of the Republic of Uzbekistan dated March 25, 2021, is considered as the coverage of the agency is serving to increase the effectiveness of medical social services for elderly and persons with disabilities. In this regard, the approval of the decision of the Cabinet of Ministers of the Republic of Uzbekistan dated June 12, 2021 "On the approval of the Charter of the agency for the development of medical and social services of the Republic of Uzbekistan" can be seen as a way of determining the progress of this sphere.

This regulation, Chapter 3, is called the main functions and functions of the agency, the following are the main functions of the agency:

- Implementation of a unified state policy in the field of medical and social services for the elderly, persons with disabilities and other categories of the population in need of social protection;
- Organization and management of activities of medical and social institutions, including boarding houses for persons with disabilities "Muruvvat", boarding houses for elderly and persons with disabilities "Saxovat", boarding houses for elderly and persons with disabilities;
- Coordination of activities of state bodies and organizations in provision of medical and social services to the elderly, persons with disabilities and other categories of the population in need of social protection and methodical guidance to them;
- Organization of scientific research and training of specialists in the field of medical, professional and social rehabilitation of persons with disabilities;
- Organization of activities to provide the needy with prosthetic-orthopedic items and rehabilitation technical means;
- Analysis and monitoring of the effectiveness of the provision of medical and social services on the basis of advanced foreign experience and modern development trends;
- Service of medical and social expertise, organizational and methodical management of rehabilitation activities of persons with disabilities;

- Coordination of medical and social rehabilitation and psychological support system for victims of human trafficking;
- Organization of implementation of legislative acts on the rights of persons with disabilities.[8]

In place of the conclusion, it can be said that as a result of the study of foreign experience, it would be expedient to introduce the following proposals in our country.

First of all, the "social worker" seen in the experience of Great Britain is the practice of training specialists in medical colleges, in the Universities of gerontology, and in connection with this, making changes to the state educational standards;

Second, to expand the system of family sponsorship of single-aged people on the French experience;

Third, based on the Japanese experience, organize day-time stationary, which temporarily helps the family when looking at the elderly;

Fourth, from the experience of India, it would have been worthwhile for us to multiply non-profit organizations and funds in our republic, from the experience of India.

REFERENCES:

1. International experience in the organization of the social assistance system. For example, five countries. Moscow, International Bureau of Labor, 2004. P.79.
2. Daniel B & Randall H. Reforming the French welfare state: Solidarity, social exclusion and the three crises of citizenship. West European Politics. 2000;23(1):47–64.
3. Abdurahmonov QX, Abduramonov XX. Social Protection Textbook. T.: Tafakkur Bostoni, 2010. P.132.
4. https://tftwiki.ru/wiki/Nursing_home
5. International experience in the organization of social assistance systems. For example, five countries. Moscow, International Bureau of Labor, 2004. P.73.
6. <https://countrymeters.info/ru/India>
7. <https://star-wiki.ru/wiki/India>
8. Resolution of the Cabinet of Ministers of the Republic of Uzbekistan dated June 12, 2021, No. 366 "On approval of the Regulation on the Agency of the Republic of Uzbekistan for the Development of Medical and Social Services".