

CROSS-NATIONAL EVALUATION OF MATERNAL AND CHILD HEALTH INTERVENTION STRATEGIES

Kutlimuratova Nigora Masharipovna

Acting Associate Professor, Urgench State Pedagogical Institute

Doctor of Philosophy (PhD) in Sociology

Abstract

This article analyzes the effectiveness of the measures implemented to protect maternal and child health in Uzbekistan. It also emphasizes the importance attached, throughout all stages of the country's development, to international and intersectoral integration and its practical application. Particular attention is given to the development of the institution of motherhood and to the mechanisms for integrating and adopting advanced national and international experience to enhance its effective functioning.

Keywords: Maternal and child health, public health, reproductive health, healthcare services, child rights, international best practices, comparative analysis, healthcare policy.

Introduction

Over the past several years, Uzbekistan has undertaken comprehensive healthcare reforms aimed at improving maternal and child health and strengthening the reproductive health of the population. These reforms have focused on enhancing the quality and accessibility of medical services, modernizing perinatal care, and improving the early identification of high-risk pregnancies. As a result of these systematic efforts, maternal mortality declined to 14.8 deaths per 100,000 live births in 2025, while the infant mortality rate decreased to 9.0 deaths per 1,000 live births. These indicators reflect the effectiveness of the government's

healthcare policies and its commitment to safeguarding the health of mothers and children.¹

Against the backdrop of the socio-economic transformations taking place in New Uzbekistan, the global spread of epidemics, chronic diseases, and rare infectious disorders continues to pose serious challenges to healthcare systems worldwide. These developments inevitably influence maternal and child health outcomes and require governments to reassess existing healthcare strategies. Consequently, the systematic evaluation of both national capacities and international experience has become an essential prerequisite for improving healthcare policy and ensuring sustainable public health development.

Main Part

The analysis of international experience in maternal and child health protection seeks to identify the most effective practices that can be successfully adapted to Uzbekistan's healthcare system. Rather than simply transferring foreign models, this study evaluates their applicability within the country's institutional, social, and cultural context.

Before examining international experience, it is important to consider the extensive healthcare reforms implemented in Uzbekistan during the past eight years. These reforms have fundamentally transformed the national healthcare system by placing human well-being at the center of public policy. Healthcare has increasingly been recognized not merely as an individual responsibility but as a shared obligation of the state, society, and healthcare institutions. This principle has become one of the defining features of the country's ongoing reforms and has substantially strengthened the effectiveness of public health governance.

In many countries, including economically developed states, healthcare remains largely the responsibility of individuals, while government intervention is often limited to providing basic medical services. In contrast, Uzbekistan has adopted a distinctive approach based on the integration of medical and social support mechanisms. This integrated model aims not only to provide healthcare services but also to improve citizens' overall quality of life through coordinated social assistance.

¹ On Measures to Protect Maternal and Child Health and Strengthen the Reproductive Health of the Population. UZA News Agency. Available at: <https://uza.uz>

One of the most significant innovations introduced under these reforms is the household-based assessment of citizens' health conditions. Healthcare professionals systematically monitor families, identify individuals requiring medical or social assistance, provide targeted support, and continuously evaluate the effectiveness of interventions. Equally important is the establishment of accountability mechanisms through local community institutions (mahallas), ensuring that healthcare providers remain responsive to the needs of the population.

To strengthen primary healthcare services, additional positions for pediatric nurses and midwives have been incorporated into multidisciplinary medical teams. Furthermore, children, pregnant women, and women of reproductive age receive essential vitamin supplements, iodine preparations, iron, and folic acid free of charge. These preventive measures have significantly contributed to improving maternal and child health outcomes and reducing the risks associated with pregnancy and early childhood development.

Analysis and Results

The protection of maternal and child health in New Uzbekistan is increasingly supported through cooperation with international organizations and civil society institutions. This collaborative approach reflects the country's commitment to incorporating internationally recognized standards into the national healthcare system while preserving its own institutional and socio-cultural characteristics. Throughout the different stages of Uzbekistan's development, particular emphasis has been placed on strengthening international and intersectoral cooperation. Within this framework, the development of the institution of motherhood and the improvement of maternal and child healthcare have become important components of national social policy. The successful implementation of these priorities largely depends on the effective integration of advanced international experience with domestic healthcare practices.

The World Health Organization (WHO) has consistently emphasized that sustainable improvements in public health require coordinated action among governments, healthcare institutions, academic organizations, and civil society. Consequently, strengthening the participation of civil society organizations and improving interagency cooperation have become central elements of contemporary maternal and child healthcare policies worldwide.

Similarly, the United Nations Sustainable Development Goals (SDGs) for 2015–2030 identify good health and well-being as one of the principal objectives of sustainable development. Achieving this goal requires effective collaboration across multiple sectors, including healthcare, education, social protection, and public administration. Such cooperation creates favorable conditions for improving maternal and child health outcomes and ensuring equitable access to quality healthcare services.

Uzbekistan has actively collaborated with international organizations to strengthen the legal, institutional, and organizational foundations of maternal and child healthcare. Evidence-based healthcare policies have been developed through comprehensive assessments of the national healthcare system, while strategic planning has been guided by international recommendations and best practices.

One of the most significant achievements has been the professional development of healthcare personnel. More than 25,000 healthcare professionals have enhanced their clinical knowledge and practical competencies through specialized training programmes. These initiatives have focused on improving perinatal care, neonatal resuscitation, newborn care, and the integrated management of childhood illnesses. Such programs have substantially strengthened the professional capacity of healthcare providers responsible for maternal and child health services.

Knowledge dissemination has been ensured through a network of 29 regional training centers, where trained specialists transfer newly acquired knowledge and practical skills to healthcare professionals working throughout the country. This cascading training model has considerably improved the sustainability of professional development within the national healthcare system.

International cooperation has also contributed to establishing the Maternal and Child Health Supervisory Council, which serves as a coordinating platform for policy dialogue, professional exchange, and monitoring of healthcare programs. The Council facilitates cooperation among governmental agencies, healthcare institutions, and international organizations, thereby improving the effectiveness of healthcare governance.

With technical assistance from UNICEF, Uzbekistan has introduced internationally recognized live birth criteria into maternity hospitals. Continued support is being provided for the nationwide implementation of these standards,

ensuring greater consistency in neonatal care and improving the quality of maternal health services.²

International partners have also assisted the Ministry of Health in revising clinical guidelines, updating the regulatory framework, introducing international protocols for safe motherhood and child healthcare, and strengthening the managerial and professional capacities of healthcare personnel. These efforts have substantially contributed to aligning Uzbekistan's healthcare system with internationally accepted standards.

Another important direction of cooperation involves the implementation of cost-effective interventions aimed at reducing child mortality and promoting healthy child development. Successful pilot projects are gradually being expanded nationwide, while local communities receive methodological support for introducing evidence-based childcare practices. In addition to institutional reforms, considerable attention is devoted to educating families and strengthening community participation in promoting healthy lifestyles and appropriate childcare practices. The modernization of maternal and child healthcare is also reflected in higher medical education. Undergraduate and postgraduate medical curricula have been revised to ensure that future physicians acquire competencies consistent with international standards. Furthermore, the National Immunization Programme continues to strengthen vaccine management systems, introduce new vaccines, improve vaccination safety, and enhance communication skills among healthcare professionals.³

Collectively, these reforms demonstrate that sustainable improvements in maternal and child health cannot be achieved solely through medical interventions. Rather, they require a comprehensive strategy combining effective healthcare governance, professional capacity building, international cooperation, community participation, and evidence-based public health policies.

An analysis of international experience demonstrates that maternal and child healthcare systems generally define childhood as the period from birth to 17 years of age. Children and adolescents within this age group undergo rapid physical, psychological, and social development, making them particularly vulnerable to both positive and negative external influences. Their socialization is shaped by

² Sabirova Aziza Xusniddinovna. O'ZBEKISTONDA BOLALAR SALOMATLIGI DAVLAT HIMOYASIDAMI? Central Asian Research Journal For Interdisciplinary Studies (CARJIS) ISSN (online): 2181-2454 Volume 2. Issue 3. March, 2022.

³ Ona va bola salomatligi. <https://yuz.uz/uz/news/tinch-va-farovon-hayot--bolalarga-eng-yaxshi-tuhfa>

multiple environmental factors, including family, education, healthcare, and digital technologies. In contemporary sociological and psychological literature, this cohort is commonly referred to as Generation Z, reflecting its distinctive behavioral characteristics and patterns of interaction with the modern information society.⁴

These characteristics highlight the importance of adopting age-specific approaches to healthcare and social policy. In particular, primary healthcare services should be organized in accordance with the recommendations of the WHO Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), which emphasizes preventive interventions, early diagnosis, and continuous health monitoring throughout childhood and adolescence.

One of the major achievements of the WHO Global Strategy is the recognition of adolescence as a distinct stage requiring specialized healthcare policies. Previous international programmes primarily focused on maternal and infant health, whereas current approaches recognize adolescents as an independent target group whose physical, psychological, and social well-being directly influences the health of future generations.

These priorities require close cooperation among healthcare institutions, educational organizations, social services, and public authorities. Consequently, intersectoral collaboration has become one of the fundamental principles underlying contemporary maternal and child healthcare systems.

A successful example of such cooperation is provided by the WHO European Healthy Cities Network, which integrates public health into local governance and urban development. Within this framework, health protection is no longer regarded solely as a medical issue but as an essential component of social, economic, educational, and environmental policy.

Despite significant progress in global healthcare, millions of adolescents continue to face preventable health risks. Harmful alcohol consumption, tobacco use, drug abuse, unhealthy dietary habits, physical inactivity, obesity, mental health disorders, and various forms of violence remain major public health concerns.

According to WHO reports, approximately one in ten adolescents in the European Region experiences depression, anxiety, or violence-related psychological

⁴ Tashmukhamedova, D. G. (2024). *Generation Z: Through the Labyrinth of Social Networks*. Ed. by V. S. Khan. Tashkent: Yoshlar Matbuoti, p. 28.

disorders. These conditions substantially increase the risk of self-harm and suicide, particularly among young people living in Eastern European countries. Another serious challenge affecting adolescent health is early sexual activity. Early pregnancy remains one of the leading causes of mortality among girls aged 15–19 years worldwide. Furthermore, unprotected sexual intercourse significantly increases the risks of sexually transmitted infections, including HIV, thereby emphasizing the necessity of comprehensive reproductive health education and preventive healthcare services. Rapid technological development has also introduced new threats to adolescent well-being. Cyberbullying, online harassment, digital addiction, and exposure to harmful online content have become increasingly common. International organizations therefore stress the importance of strengthening preventive programs aimed at improving digital literacy, protecting children's rights in cyberspace, and promoting responsible use of information technologies.

Recent WHO recommendations also emphasize that healthcare reforms should take into account national cultural, social, and institutional characteristics. Although international standards provide an essential framework for improving healthcare systems, their successful implementation requires careful adaptation to local conditions rather than direct replication.

A well-designed interagency approach based on cooperation between governmental and non-governmental organizations, particularly civil society institutions, is of great importance as an effective means of protecting public health, especially maternal and child health.

This is primarily reflected in the integration of the recommendations of international organizations with the specific characteristics of the national healthcare system. In this regard, the experience of primary healthcare institutions worldwide deserves particular attention.

It should also be noted that many of the issues and needs related to children observed globally, particularly in Europe, are directly relevant to the situation in Uzbekistan.

Special attention should also be given to the relationship between mothers and children. Adolescents often conceal their first emotional experiences from adults. Although many countries have developed effective systems for providing information and guidance on emotional development, the situation in Uzbekistan differs. Another important issue is adolescents' exposure to information that may

negatively affect their moral development. Neutralizing the sources of harmful information and implementing targeted preventive measures represent socially significant priorities.

It is advisable to protect children from information that threatens their moral development; to promote the values of peace among minors through crime prevention measures; to prevent the spread of extremist ideas within educational institutions; and to prevent children's exposure to harmful information distributed through the Internet, mass media, and other information and communication networks, while ensuring legal accountability for those who involve minors in such activities.

Most countries engaged in protecting maternal and child health follow the recommendations of the World Health Organization (WHO). They rely on international strategies, concepts, and comprehensive programs to address national healthcare challenges and approve implementation plans for their effective realization.

It is also important to review international best practices, adapt them to national conditions, and regularly discuss current issues at meetings of the specialized coordinating councils under the President in order to improve the existing healthcare system.

According to the findings of our research, many governmental and non-governmental organizations in Uzbekistan remain insufficiently informed about the content of documents adopted by the World Health Organization.

At present, even specialists experience difficulties in obtaining reliable information concerning mortality trends among children and adolescents. According to the data of the Investigative Committee, 492 children died during unsupervised leisure activities over the past three years, including 343 deaths due to drowning and 41 deaths caused by fires. One of the factors contributing to these tragic incidents is the insufficient awareness of healthcare professionals regarding essential regulatory documents and official safety guidelines.

A sociological survey conducted among primary and secondary healthcare workers in four regions examined the following question: "Are you regularly informed about WHO documents?" The majority of respondents selected the answer "No, I am not." The results demonstrated an alarming lack of awareness regarding important WHO documents and recommendations:

- Tashkent Region — 74.3%;
- Samarkand Region — 63.4%;
- Khorezm Region — 62.3%;
- Kashkadarya Region — 60.6%.

These findings indicate that healthcare professionals at the district level are not sufficiently informed about current international healthcare issues.

The study further demonstrated that, as a result of the humanitarian policy pursued by the leadership of Uzbekistan, the state's institutional approach to child protection has expanded the implementation of international best practices and the geographical application of the relevant WHO recommendations.

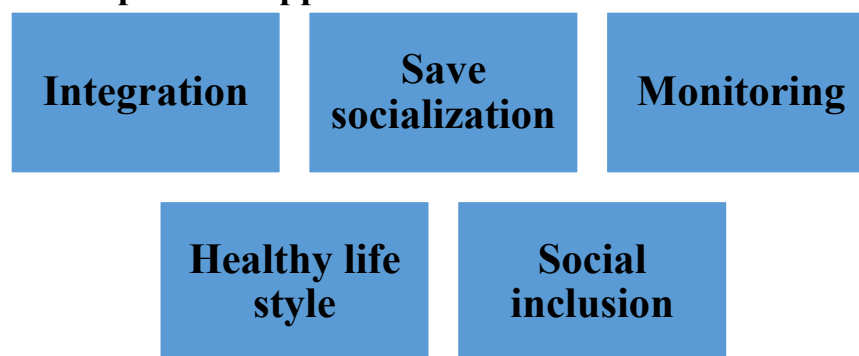
At the same time, different approaches exist in the adoption of laws and regulations. For example, particular attention should be paid to the Law of the Republic of Uzbekistan "On Guarantees of the Rights of the Child." The original version of this law defined the protection of children's rights as a priority area of state policy based on establishing and complying with minimum state standards. However, differences in international practice do not allow the application of a single standardized approach. In particular, the WHO recommends initiating health protection measures for children aged 0–17 years at an earlier stage and emphasizes the importance of preventive identification of developmental changes beginning at the age of 10 years. Nevertheless, this recommendation has not yet been fully implemented in many countries. In Uzbekistan, the State Statistics Agency currently includes this age group primarily within demographic statistics, focusing mainly on population figures, child mortality, infant mortality, and mortality among children aged 0–4 years.

Alongside the experience of international organizations, this study also examined national approaches to maternal and child health protection implemented in individual countries. The experience of the Nordic countries, particularly Sweden, Finland, Norway, and Iceland, deserves special attention. In addition, the healthcare systems of Singapore and Australia were analyzed, and scientifically grounded recommendations were developed regarding the adaptation of their positive practices to Uzbekistan's national healthcare system. The analysis of international experience demonstrates that civil society institutions play a leading role in protecting maternal and child health. This is largely because many organizations responsible for maternal and child healthcare—including clinics, outpatient centres, hospitals, and other healthcare

facilities—operate as private or joint-stock institutions and function primarily under the principles of legal regulation and public oversight.

The WHO Regional Office for Europe has emphasized that, particularly during the past two decades, health problems and medical and social needs among young people have continued to increase. Therefore, its recommendations remain highly relevant and should receive greater attention in both healthcare practice and scientific research. Within the European Region, especially in the Scandinavian countries, the 5S approach provides a systematic framework for improving governmental and sectoral responses to issues related to maternal, child, and adolescent health while supporting positive national development initiatives.

The European 5S Approach to Maternal and Child Health



This framework is particularly noteworthy because it incorporates the following key components:

- Digital technologies for maternal and child health protection;
- Safe approaches to adolescent socialization;
- Monitoring of maternal and child health protection;
- Promotion of healthy lifestyles in preschool, primary, and secondary educational institutions;
- Ensuring social inclusion and active participation of every young person in society.

The findings of the study revealed considerable potential in Uzbekistan for strengthening the coordinated integration of the activities of key stakeholders responsible for healthcare, the protection of children's rights, and the organization of medical and social services for children, adolescents, and families. Enhanced intersectoral cooperation among these institutions would contribute significantly to improving the effectiveness and sustainability of maternal and child healthcare.

Conclusion:

This approach is of particular social significance because non-governmental organizations continuously study and monitor issues related to public health, particularly maternal and child health, and disseminate the findings to the wider public.

The fragmented efforts of relevant government agencies, public organizations, and other institutions at both the national and local levels do not effectively contribute to the further development of a system for protecting and strengthening the health of the younger generation in line with modern requirements. It is therefore necessary to strengthen social support for families with children by taking into account successful regional development practices.

Therefore, it is advisable for each country to adapt the activities and recommendations of leading international organizations in this field to its own national conditions. Such an approach makes it possible to implement more effectively the fundamental principles of protecting public health, particularly the promotion of children's health.

At present, the analysis of experience in maternal and child health protection shows that the implementation of existing measures is constrained by the large number of interagency commissions, insufficient coordination of their activities, and inadequate attention to the experience accumulated by governmental bodies and regional authorities. According to information provided by international organizations, the increasing prevalence of chronic diseases, particularly among the younger generation, is having a significant impact on public health.

Considering the current situation in New Uzbekistan, addressing the issues related to the protection of maternal, child, and adolescent health requires a dual approach: on the one hand, organizing activities in accordance with the recommendations of international organizations, and on the other hand, integrating national practice with international experience through effective interagency coordination.

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