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## History of Medical Personnel Training in the 1970s–1990s of the 20th Century (A Case Study of Southern Kazakhstan)

This article examines the training of medical personnel and its significance for the development of the health care system in the South Kazakhstan region between 1970 and 1990. During this period, the health care system of the Kazakh SSR operated under conditions of a persistent shortage of qualified medical specialists, which had a substantial impact on the quality and accessibility of medical services, particularly in rural and peripheral areas. In this context, personnel policy and the system of professional training for medical workers became one of the key instruments of state strategy in the field of public health. The article analyzes the expansion of the network of medical educational institutions, the development of specialization and postgraduate training, and the institutional strengthening of medical institutes as the primary mechanisms for overcoming staffing shortages. The study demonstrates that the chronic lack of medical personnel stimulated the active development of educational infrastructure in major regional centers, which contributed to a steady increase in the number of physicians and mid-level medical staff, the diversification of medical specialties, and improved access to medical care. Particular attention is given to the role of specialized areas of medical practice, including pharmaceutical education and neurosurgical services, which reflected the transition of the health care system from an extensive model of development to a more differentiated and professionally oriented structure. The article concludes that the system of medical personnel training formed during the Soviet period created a stable institutional and human-capital foundation for the further development of regional health care. Despite the transformational processes and challenges of the post-Soviet period, the professional traditions, educational models, and workforce potential established during the 1970s–1990s continue to exert a significant influence on the contemporary health care system of the Republic of Kazakhstan. The findings expand the historiography of the issue and underscore the importance of historical experience in the formulation of effective personnel policies in the health care sector.

*Keywords:* South Kazakhstan region, medical science, healthcare, personnel issues, medical school, reform, history of medical educational institutions.

### Introduction

In 20-century Kazakhstan, average life expectancy declined significantly, while the widespread prevalence of infectious diseases led to a substantial reduction in the population. In particular, the rapid spread of infectious diseases created an urgent need for competent and well-trained medical personnel, including physicians and nurses. With the establishment of Soviet power, all forms of health care were directed toward improving public health. In this context, the state allocated financial resources and established the first public health institution—the People’s Commissariat of Health. Mikhail Sergeevich Shamov was appointed as the first head of the health authority and held this position until 1928. To ensure the systematic organization of its work, the institution comprised eight divisions, as well as organizational and instructional, clerical, budgetary and financial, as well as maternal and child health departments. Thus, the Halkomat Health Authority oversaw sanitation, maternal and child health, medical treatment, pharmaceutical services, and other public health matters [1; 5].

At the beginning of the twentieth century, significant changes occurred worldwide as a result of integration processes in education, health care, and the social and scientific-technical spheres. The health care system played a crucial role as a direction of state policy at various historical stages of development. This is largely because the future of any country is often determined by qualitative progress in education, health, and the economy.

The development of the medical system as a priority area of state policy depends on the training of qualified personnel, the organization of systematic work, and the professionalism of medical practitioners. This, in turn, is associated with the ability of health care specialists to provide high-quality medical services,

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maintain professional competence, and assume responsibility for patients' lives. Consequently, the training of qualified personnel has traditionally been regarded as a key indicator of health care system development. In this regard, many countries have accumulated diverse experiences.

The health care system of each country is aimed at protecting the health and well-being of the population, as well as ensuring appropriate working conditions for health care professionals. Within the period under consideration (1970–1991), materials from the Central State Archive of the Republic of Kazakhstan and the National Archive of the Republic of Kazakhstan were examined and analyzed. Based on archival sources, issues such as the state of health care in the South Kazakhstan region and personnel-related challenges were studied. Archival documents provide information not only about regional conditions but also about the overall state of medicine in the republic during that period, measures taken to address staffing shortages, and reforms implemented in the health care sector. In addition to examining health care issues in the South Kazakhstan region, the study also addresses the training of medical personnel and the development of higher medical education institutions throughout the Republic.

During the 1970s and 1980s, the health care sector in the region developed primarily in two areas: personnel training and the material and technical provision of medical institutions. Gradual progress was made in addressing staffing shortages in primary health care facilities and medical centers. During this period, the number of medical workers increased to 558, including 49 physicians and 19 dentists, while the number of mid-level medical personnel reached 490.

By 1970, three medical educational institutions were training medical personnel in the region. Although these institutions were unable to fully meet the region's demand for specialists, they trained approximately 2,500 students in nine specialties, including dentistry, pharmacy, paramedicine, midwifery, laboratory diagnostics, and nursing.

Health care represents an important sphere of social life. The health of the nation, which has undergone multiple stages of reform and continues to be a focus of future development, remains one of the central priorities of national policy. In recent years, substantial financial resources have been allocated to improve the health care sector, new financing and management mechanisms have been introduced, including private-sector participation, and a new personnel policy has been developed to train medical professionals and enhance their motivation, all within the framework of current legislation.

Following independence, Kazakhstan inherited an extensive health care system from the former Soviet Union. While many clinics and hospitals possessed valuable material and human resources, much of the medical equipment was outdated and remains in use today. Between 1991 and 1996, the health care sector was managed by the Ministry of Health, which sought to provide medical services to the population despite severe financial constraints, increased mortality rates among children and adults, and shortages of qualified specialists, many of whom emigrated during this period [2; 50]. The experience of managing public health challenges during the Soviet era, particularly in the field of sanitary and epidemiological control, later proved valuable during the COVID-19 pandemic, which placed considerable strain on both the global economy and health care systems worldwide.

The relevance of this study lies in the fact that the health care sector plays a fundamental role in safeguarding the health and well-being of citizens. The health care system of the Republic of Kazakhstan is based on principles such as state responsibility for improving public health and ensuring access to medicines and essential medical supplies.

In addition to training medical personnel, significant attention was devoted to continuing professional development. International experience demonstrates that regular training using modern methods contributes to the formation of highly qualified specialists. Accordingly, advanced training of medical workers was prioritized during the period under review. In 1970 alone, 188 physicians and 1,247 junior and mid-level medical workers completed advanced training courses [3; 294]. The South Kazakhstan region hosted not only medical institutes but also nine research institutions involved in training health care specialists, six state medical institutes (renamed academies in 1997), one medical faculty at a major university, and one private medical institute. In total, twenty-seven secondary medical schools operated as educational institutions [4; 45]. Medical institutes established during the Soviet period in Shymkent, and Almaty made a significant contribution to the development of the national health care system and the training of medical professionals. Assessing the effectiveness of these institutions in preparing medical personnel enhances the relevance of this study, as it contributes to a deeper understanding of the historical development of the health care system and personnel policy in Kazakhstan.

The aim of this study is to identify the main directions of medical personnel training in the health care sector of the South Kazakhstan region during the 1970s–1990s. To achieve this goal, the following objectives are addressed: analysis of archival documents from the Central State Archive of the Republic of Kazakhstan, and the Regional State Archive of South Kazakhstan, and their introduction into scholarly circulation; examination of changes in medical personnel training during the Soviet period and the emergence of new training approaches; assessment of the human resource potential based on the study of medical personnel training in the South Kazakhstan region; evaluation of professional qualifications and identification of shortcomings in personnel policy; analysis of the medical education system responsible for training health care personnel.

### *Materials and Methods*

The empirical basis of this study consists of archival documents from the Central State Archive of the Republic of Kazakhstan (Fonds 23 and 30) and the Regional State Archive of South Kazakhstan (Fonds 82 and 134). These materials include official reports, statistical records, administrative correspondence, resolutions, and analytical documents related to the organization of the health care system and the training of medical personnel in the South Kazakhstan region. Secondary sources include scholarly works by domestic researchers addressing the development of health care systems, medical education, and personnel policy within the framework of Soviet and post-Soviet modernization processes. These studies provide a theoretical and historiographical foundation for analyzing regional specificities in the training of health care personnel. The combination of archival documents, normative sources, statistical data, and scholarly literature ensures the reliability and representativeness of the research materials and allows for a comprehensive analysis of the formation and development of the health care personnel training system in the South Kazakhstan region.

To achieve the research objectives and ensure the relevance of the study, both historical and general scientific research methods were employed. The scientific analysis of the issues addressed in the article is based on comparative-historical methods, historiographical systematization, and data retrieval, as well as on modernization theory and the principles of historicity and objectivity. The application of the comparative-historical method makes it possible to present complex theoretical and empirical aspects related to the development of the health care sector addressed in the study. In accordance with the chronological framework of the research, the development of the health care system in the South Kazakhstan region is compared with that of other regions, and its dynamics are analyzed. The data retrieval method was used to examine scholarly works related to the research topic, as well as to identify, analyze, and introduce archival documents into scientific circulation. The study is also grounded in the theory of modernization, which provides an analytical framework for examining changes in the training of health care personnel in the South Kazakhstan region during the period from 1970 to 1991 and in the Republic as a whole. Adherence to the principles of historicity and objectivity makes it possible to analyze transformations in the health care sector of the South Kazakhstan region and the history of personnel formation by linking past developments with present and future processes, while taking into account historical conditions and internal contradictions of the period under study.

### *Results*

The adoption in 1969 of the “Fundamentals of Legislation of the USSR and the Union Republics on Public Health” marked an important stage in the institutional consolidation of the Soviet health care system and significantly influenced the development of medical services in South Kazakhstan. This legislative act codified the core principles of the Semashko model, including the universal and free provision of medical care, its preventive orientation, centralized state administration, and the systematic expansion of specialized medical services.

Within this legal and organizational framework, a range of measures was implemented that contributed to strengthening the health infrastructure and improving access to medical care in the Zhambyl, Kyzylorda, and South Kazakhstan regions.

In 1970, for example, the Zhambyl region operated 10 district hospitals and 53 rural outpatient clinics, alongside 15 tuberculosis dispensaries and related facilities. In addition, 303 feldsher and feldsher-midwife stations (primary rural medical units) were functioning, reflecting the continued emphasis on primary health care and rural outreach. According to official data as of March 1, 1970, the regional health care system employed 912 physicians and 4,273 nursing and allied health personnel, indicating a substantial human resource base for the provision of medical services.

In 1969, the South Kazakhstan region reported a total of 558 medical personnel, including 49 physicians, 19 dentists, and 490 nursing and allied health workers [5]. Although these figures demonstrate the structured development of the health sector under late Soviet administrative reforms, they also reveal the differentiated scale of medical staffing across regions, reflecting broader demographic and infrastructural disparities within southern Kazakhstan.

The article presents the results of an analysis aimed at identifying both effective and problematic approaches to addressing personnel shortages in the health care sector of the South Kazakhstan region during the period from 1970 to 1991. During this time, the issue of training medical personnel became particularly acute due to a persistent shortage of qualified specialists within the health care system of the Kazakh SSR. During this period, staffing shortages were especially pronounced in rural and peripheral areas, which increased the social significance of personnel policy in health care. It is widely recognized that qualified medical professionals play a decisive role in protecting public health, providing medical care, and implementing preventive measures. Accordingly, the study addresses the following research questions: How were medical personnel trained, and how was the staffing problem addressed? How did systems of personnel training and accounting develop during the Soviet period? The analysis of these issues is of particular importance because the effectiveness of health care depended not only on the number of specialists, but also on their professional training, distribution, and long-term retention within the system. The analysis of these issues is of considerable importance, as medical professionals in any country are required to demonstrate a high level of competence and responsibility.

As noted by Academician of the National Academy of Sciences of the Republic of Kazakhstan T.Sh. Sharmanov, “medicine should be regarded as a complex system of scientific knowledge and practical activity aimed at improving health, treating diseases, and preventing illness” [6; 16]. This understanding emphasizes the systemic nature of medicine and increases the responsibility placed on medical personnel, explaining why staffing issues occupied a central position in state health policy throughout the Soviet period.

In the 1970s–1990s, the health care system of the Kazakh SSR underwent significant organizational and structural transformations. These changes began in the early 1970s and were largely driven by legislative initiatives of the USSR and the union republics in the field of health care. As part of these reforms, medical institutions were established in rural areas, and comprehensive measures were implemented to improve the health of rural populations. These measures were intended to reduce regional inequality in access to medical care, and one of the key priorities during this period was the training of qualified medical personnel, a responsibility assigned to the republic’s medical institutes. The persistent shortage of specialists necessitated the expansion of medical education, particularly in major urban centers.

Medical institutes functioned as higher educational institutions responsible for training physicians and other health care professionals. At the same time, the education, training, and continuing professional development of medical workers were regarded as essential components of a centrally organized health care system. Within this framework, personnel training was closely linked to state planning and administrative control. The acute shortage of medical personnel prompted the expansion of medical education. By decrees of the Council of People’s Commissars of the USSR, medical faculties at universities were reorganized into independent medical institutes. Within their structure, pediatric, sanitary-hygienic, and dental faculties were established, each with a defined period of study.

The primary educational and scientific unit of a medical institute was the department, the number of which was determined by the curriculum. Administrative management of faculties and departments was carried out by the institute’s administration, headed by the rector. Each institute established an academic council under the rector’s leadership. Beginning in 1974, in accordance with the resolution of the Central Committee of the Communist Party of the USSR and the Council of Ministers of the USSR “On Measures to Further Improve the Certification of Scientific and Scientific-Pedagogical Personnel,” specialized dissertation councils were created to oversee the defense of candidate and doctoral dissertations. This contributed to the strengthening of scientific and pedagogical human resource potential within medical education.

By the mid-1970s, more than 300,000 students were enrolled in medical institutes and medical faculties of higher educational institutions across the USSR. The duration of study varied by faculty: six years at general medical, pediatric, and sanitary-hygienic faculties; five and a half years at the medical-biological faculty; and five years at pharmaceutical and dental faculties. Graduates were awarded qualifications as physicians, sanitary doctors, dentists, pediatricians, or specialists in related biomedical fields. This quantitative expansion became one of the main mechanisms for reducing personnel shortages.

Among the earliest medical educational institutions in Kazakhstan was the Almaty Medical Institute. By the 1950s, it became evident that a single medical institute could not meet the needs of the Kazakh SSR, population of which at that time numbered approximately six million. The Almaty Medical Institute began operations in the 1930–1931 academic year with an initial enrollment of 100 students, and its first director was Sanjar Asfendiyarov [7; 334]. Over subsequent decades, the institute expanded its academic structure. The sanitary-hygienic faculty operated from 1943 to 1962 before being transferred to the Karaganda Medical Institute. The Faculty of Pharmacy was established in 1951, and the Faculty of Dentistry in 1959. In 1981, the institute was awarded the Order of the Red Banner of Labor.

By 1982, the Almaty Medical Institute comprised 65 departments, a postgraduate program in 12 specialties, a Central Research Laboratory, and a library containing over 400,000 volumes. Its clinical and practical base included hospitals, clinics, pharmacies, maternity hospitals, and outpatient facilities. During the 1982–1983 academic year, the institute enrolled 6,587 students and employed 727 faculty members, including 49 professors and doctors of science and 421 associate professors and candidates of science [8]. Graduates of the institute worked throughout the republic, making a substantial contribution to the protection of public health. At the same time, the concentration of training in major cities reinforced the dominance of urban centers in personnel preparation.

In 1979, a branch of the Almaty State Medical Institute was established in Shymkent to train pharmaceutical specialists. Over more than forty years of operation, this institution produced 18,965 graduates. Its establishment was closely associated with the growing demand for pharmaceutical personnel. A major role in its development was played by K. Ushbaev, a prominent organizer of pharmaceutical education and the Republic's first Doctor of Pharmaceutical Sciences, who founded a scientific school and contributed to the establishment of dissertation councils in the specialty of pharmacy. This represented a positive example of regionalization of medical education.

The South Kazakhstan region also became an important center for neurosurgery. In 1972, the Republican Center for Neurosurgery was established, and neurosurgical departments were opened in several regions, including the Shymkent Regional Hospital. These developments were accompanied by the expansion of neurotraumatological and neurosurgical services, the introduction of advanced diagnostic and surgical techniques, and the training of specialized personnel. Such specialization strengthened the professional structure of regional health care [9].

During the 1970s, personnel shortages in both rural and urban medical institutions gradually began to decrease. Approximately 3,000–3,500 students studied in nine specialties across three medical institutions [10; 40]. At the same time, measures aimed at improving the qualifications of medical personnel intensified. According to research conducted under the leadership of T.Sh. Sharmanov, Minister of Health of the Kazakh SSR during the Ninth Five-Year Plan, the number of physicians in the Republic reached 34,896 by 1975, representing an increase of 9,328 specialists (24.3 percent), while the number of mid-level medical workers exceeded 110,000 [11]. Nevertheless, numerical growth did not fully eliminate problems of uneven distribution and retention of specialists. Particular attention was directed toward strengthening rural health care institutions. Annually, approximately 1,700 physicians and 7,000 mid-level medical personnel were assigned to rural areas, reflecting a deliberate state policy aimed at reducing disparities in access to medical services between urban and rural populations. As a result, rural polyclinics and outpatient facilities were substantially reinforced with qualified medical staff. By July 1, 1982, 32 percent of outpatient clinics were staffed with two physicians, while 33 percent employed three physicians [12], indicating a gradual improvement in staffing levels at the primary care level. At the same time, the provision of safe, effective, high-quality, and accessible medicines constituted a critical component of the health care system. Consequently, pharmaceutical supply became a significant aspect of health sector development in South Kazakhstan during the period under review.

In accordance with Resolution No. 139 of the Council of Ministers of the USSR dated March 2, 1973, and the subsequent Resolution of January 14, 1976, the Main Administration for the Production of Synthetic Medicinal Substances was reorganized, leading to the establishment of the All-Union Industrial Association for the Production of Synthetic Medicinal Substances. Within this framework, the F.E. Dzerzhinsky Shymkent Chemical-Pharmaceutical Plant was transferred under the authority of the USSR Ministry of the Medical Industry as part of the newly created all-Union industrial structure [13; 56].

During this period, the Shymkent plant carried out a range of strategically important activities, including the processing of opium for morphine production, the manufacture of ephedrine hydrochloride, the extraction of solasodine from nightshade species, and the production of fourteen medicinal preparations. The

plant's output was supplied to chemical-pharmaceutical factories of the All-Union Industrial Association "Soyuzleksredstva," to institutions of the Ministry of the Medical Industry, to the pharmacy administration network, to military units, and to central veterinary supply agencies, among others [14; 36]. This distribution network demonstrates the plant's integration into the centralized Soviet pharmaceutical system and its role within the broader medical-industrial complex.

However, by Order No. 691 of the USSR Ministry of the Medical and Microbiological Industry dated August 22, 1986, and in accordance with Resolution No. 29 of January 8, 1986, "On the General Scheme for the Management of the Medical and Microbiological Industry," a process of specialization and concentration of production was initiated. As part of this restructuring and with the approval of the Council of Ministers of the Kazakh SSR, the Shymkent Production Biopharmaceutical Association "Shymkentbiopharm" was established in Kazakhstan. The newly formed association incorporated the Order of the Red Banner of Labour Shymkent Chemical-Pharmaceutical Plant named after F.E. Dzerzhinsky (as the leading enterprise), the Shymkent Hydrolysis Plant, and the Turkestan Antibiotics Plant, the latter two retaining their legal status as independent enterprises within the association.

Taken together, these developments demonstrate that the modernization of health care in South Kazakhstan during the late Soviet period was not limited to the expansion of rural medical staffing but was closely linked to the industrial reorganization of pharmaceutical production. The simultaneous strengthening of primary health care infrastructure and the consolidation of pharmaceutical manufacturing under centralized administrative control reflects a broader strategy of systemic integration within the Soviet health model. In this sense, regional improvements in medical service provision were embedded in all-Union industrial and policy frameworks, illustrating the interdependence between public health administration and the centrally planned medical-industrial sector. Following Kazakhstan's independence in 1991, large-scale reforms were initiated in education, science, health care, and the national economy. Although postgraduate medical education faced difficulties related to financing and workload, this period revealed the structural limitations of the Soviet personnel training model and demonstrated that sustainable health care reform required not only financial investment but also systematic improvements in personnel training and workforce policy.

### *Discussion*

The findings of this study not only confirm but also substantially extend existing scholarship on the development of the health care system and the training of medical personnel in Kazakhstan during the twentieth century. As demonstrated in the Results section, the persistent shortage of qualified medical personnel in the South Kazakhstan region between 1970 and 1991 functioned not merely as a structural problem, but as a decisive driver of state health policy, directly shaping institutional priorities in medical education and professional training. In this respect, the present study supports and empirically reinforces the conclusions of T.Sh. Sharmanov, who identified institutional development and personnel policy as central determinants of public health outcomes during the Soviet period [6].

Building on this perspective, the analysis demonstrates that the establishment and expansion of medical institutes constituted a systemic response to regional human resource imbalance rather than an isolated administrative measure. The documented growth of educational infrastructure in Almaty, Shymkent reflects a deliberate strategy aimed at stabilizing the medical workforce through territorial decentralization of medical education. These findings corroborate the arguments of S.K. Shildebai and A.A. Zhunisbaev [15], as well as M.A. Kamaliev [16], while simultaneously clarifying the mechanisms through which regional medical institutions contributed to workforce redistribution across the republic.

The Results further reveal that qualitative improvements in personnel training were inseparable from broader reforms in health care governance and quality assurance. This interdependence underscores the validity of B.R. Abdilmanova's assertion that the effectiveness of medical care is contingent not only on numerical staffing levels, but also on professional competence and organizational capacity [17]. The expansion of postgraduate education, specialization tracks, and research activity within medical institutes identified in this study indicates that Soviet health policy increasingly prioritized qualitative dimensions of workforce development alongside quantitative growth.

Moreover, the observed increase in the number of medical professionals and the diversification of medical specialties in the South Kazakhstan region provides empirical support for the conclusions of R.A. Abzalov [18] and A.A. Akanov [19], who linked improvements in primary health care delivery to the availability of qualified personnel. Importantly, the Results section demonstrates that the development of

specialized medical services—including pharmaceutical education and neurosurgical care—represented a critical stage in the transition from extensive to more differentiated and specialized models of medical assistance.

From a broader historiographical perspective, the findings reinforce the widely accepted view that the training of qualified medical personnel constitutes a core indicator of health care system maturity. The institutionalization of medical education, initiated in the 1930s and reaching a particularly intensive phase during the 1970s–1990s, created a durable structural foundation for workforce reproduction and professional continuity. In this regard, the study aligns with the conclusions of P.N. Pospelov and V.A. Breido [9], as well as U.I. Kenesarieva, G.M. Alikeeva, and S.Sh. Slamkulova [6], while providing region-specific empirical evidence that deepens and nuances their arguments.

In sum, by integrating archival sources with established historiography, the present study demonstrates that personnel training policies implemented during the Soviet period were not auxiliary components of health care reform but central instruments in shaping the medical workforce of the South Kazakhstan region. The long-term institutional effects of these policies extend beyond the Soviet era and continue to influence the structural development of Kazakhstan's health care system in the post-Soviet period.

### *Conclusions*

This study demonstrates that the system of medical personnel training constituted a decisive structural component in the development of the health care system of the South Kazakhstan region during the period from 1970 to 1991. The analysis confirms that the persistent shortage of qualified medical specialists acted as a key driving force behind state health policy, directly influencing institutional decisions related to medical education, workforce planning, and professional training within the Kazakh SSR. The findings indicate that the establishment, expansion, and consolidation of medical institutes, together with the diversification of medical specialties, formed the core institutional response to chronic staffing deficits. The systematic development of educational infrastructure in major regional centers ensured a sustained increase in the number of physicians and mid-level medical personnel and contributed to improved spatial accessibility of medical services across both urban and rural areas.

The study further demonstrates that personnel training was integrally connected with broader reforms in health care administration, quality assurance, and specialization. The expansion of postgraduate education, research activity, and specialized medical services strengthened the professional competencies of medical workers and facilitated the gradual transition of the health care system toward more complex and differentiated forms of medical care during the late Soviet period. Comparative analysis of archival materials and existing historiography reveals that the Soviet model of medical personnel training created a relatively stable institutional and human-capital foundation for long-term workforce development. Despite the systemic challenges associated with the post-Soviet transformation, the institutional practices, professional standards, and human resource potential formed during the Soviet era continue to exert a significant influence on contemporary health care reforms in Kazakhstan.

Overall, this research contributes to the historiography of health care development in Kazakhstan by providing a region-specific and empirically grounded analysis of personnel training policies and their long-term institutional effects. The conclusions highlight the enduring relevance of historical experience for understanding contemporary workforce challenges and offer a conceptual framework for further studies on medical education reform, health care governance, and personnel policy in post-Soviet states.

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## XX ғ. 70-90 жылдарындағы медициналық кадрларды даярлаудың тарихы (Оңтүстік Қазақстан мысалында)

Мақала 1970-1990 жылдары Оңтүстік Қазақстан өңірінің денсаулық сақтау жүйесін дамыту үшін медициналық кадрларды даярлауды және оның маңыздылығын талдауға арналған. Аталған кезеңде Қазақ КСР Денсаулық сақтау саласы білікті медицина мамандарының тұрақты тапшылығы жағдайында жұмыс істеді, бұл халыққа, әсіресе ауылдық және алыс аудандарда медициналық қызмет көрсетудің тиімділігіне айтарлықтай әсер етті. Осыған байланысты кадр саясаты мен медицина қызметкерлерін кәсіби даярлау жүйесі денсаулық сақтау саласындағы мемлекеттік стратегияның негізгі факторларының бірі болды. Мақалада медициналық оқу орындары желісін кеңейту, мамандандыру мен жоғары оқу орнынан кейінгі білім беруді дамыту, сондай-ақ кадр тапшылығын еңсерудің негізгі тетігі ретінде медициналық институттарды институционалдық нығайту процестері қарастырылады. Медициналық кадрлардың үнемі жетіспеушілігі ірі аймақтық орталықтарда білім беру инфрақұрылымының белсенді дамуына түрткі болды, бұл дәрігерлер мен орта медициналық персоналдың санын көбейтуге, медициналық мамандықтарды әртараптандыруға және медициналық көмектің қолжетімділігін арттыруға ықпал етті. Денсаулық сақтау жүйесінің экстенсивті даму моделінен неғұрлым сараланған және кәсіби бағдарланған құрылымға көшуін көрсететін фармацевтикалық білім мен нейрохирургиялық қызметті қоса алғанда, медициналық көмектің мамандандырылған бағыттарының рөліне ерекше назар аударылады. Мақалада кеңестік кезеңде қалыптасқан медициналық кадрларды даярлау жүйесі өңірдің денсаулық сақтау саласын одан әрі дамыту үшін орнықты институционалдық және кадрлық негіз құрды деген қорытындыға келді. Посткеңестік кезеңдегі трансформациялық процестер мен қиындықтарға қарамастан, 1970-1990 жылдары қалыптасқан кәсіби дәстүрлер, білім беру модельдері мен кадрлық әлеует Қазақстан Республикасының қазіргі заманғы денсаулық сақтау жүйесіне айтарлықтай әсер етуді жалғастыруда. Нәтижелер мәселенің тарихнамасын кеңейтеді және денсаулық сақтау саласындағы тиімді кадрлық саясатты әзірлеу кезіндегі тарихи тәжірибенің маңыздылығын көрсетеді.

*Кілт сөздер:* Оңтүстік Қазақстан облысы, медицина ғылымы, денсаулық сақтау, кадр мәселесі, медициналық училище, реформа, медициналық оқу орындарының тарихы.

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## История подготовки медицинских кадров в 70-90-е годы XX в. (на примере Южного Казахстана)

Статья посвящена анализу подготовки медицинских кадров и её значения для развития системы здравоохранения Южно-Казахстанского региона в 1970–1990 гг. В указанный период здравоохранение Казахской ССР функционировало в условиях устойчивого дефицита квалифицированных медицинских специалистов, что оказывало существенное влияние на эффективность медицинского обслуживания населения, особенно в сельских и периферийных районах. В этой связи кадровая политика и система профессиональной подготовки медицинских работников выступали одним из ключевых факторов государственной стратегии в сфере охраны здоровья. В статье рассматриваются процессы расширения сети медицинских учебных заведений, развития специализации и последилового образования, а также институционального укрепления медицинских институтов как основного механизма преодоления кадрового дефицита. Показано, что хроническая нехватка медицинских кадров стимулировала активное развитие образовательной инфраструктуры в крупных региональных центрах, что способствовало увеличению численности врачей и среднего медицинского персонала, диверсификации медицинских специальностей и повышению доступности медицинской помощи. Особое внимание уделено роли специализированных направлений медицинской помощи, включая фармацевтическое образование и нейрохирургическую службу, которые отражали переход системы здравоохранения от экстенсивной модели развития к более дифференцированной и профессионально ориентированной структуре. В статье сделан вывод о том, что система подготовки медицинских кадров, сформированная в советский период, создала устойчивую институциональную и кадровую основу для дальнейшего развития здравоохранения региона. Несмотря на трансформационные процессы и трудности постсоветского периода, профессиональные традиции, образовательные модели и кадровый потенциал, заложенные в 1970–1990-е гг., продолжают оказывать значительное влияние на современную систему здравоохранения Республики Казахстан. Полученные результаты расширяют историографию проблемы и подчеркивают значимость исторического опыта при разработке эффективной кадровой политики в сфере здравоохранения.

*Ключевые слова:* Южно-Казахстанская область, медицинская наука, здравоохранение, кадровые вопросы, медицинское училище, реформа, история медицинских учебных учреждений.

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