COVID-19 PANDEMIYASI SHAROITIDA TIBBIY XIZMAT TAQDIM ETILISHINI TASHKILLASHTIRISH.

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Annotatsiya. XX asrning o‘rtalariga kelib yuqumli kasalliklar bilan kurashish borasida insoniyat misli ko‘rilmagan muvaffaqiyatlarga erishdi. Bunday yutuqlar zamirida, avvalo, mazkur kasalliklar tashxisoti, davosi va profilaktikasi borasidagi kashfiyotlar hamda ularni amaliyotga tatbiq etishga qaratilgan ulkan sa’y-harakatlar yotar edi.

Kalit so‘zlar: Koronavirus, pandemiyasi, immunogenlik, epidemiologiya, profilaktika.

ORGANIZATION OF MEDICAL CARE PROVISION DURING THE COVID-19 PANDEMIC

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Abstract. By the mid-20th century, humanity had achieved unprecedented success in combating infectious diseases. These achievements were primarily based on discoveries in the diagnosis, treatment, and prevention of infectious diseases, as well as extensive efforts to implement these findings in practice.

Keywords: coronavirus, pandemic, immunogenicity, epidemiology, prevention.

The primary goal of the global response to COVID-19 is to slow and stop disease transmission, identify every suspected case, isolate and test them, and ensure timely and appropriate care for patients. The location of the recommended medical service depends on the epidemiological scenario: this may be a COVID-19 dedicated medical facility or home-based care.

The Strategic Preparedness and Response Plan defines the WHO's approach to ending the COVID-19 pandemic and sets strategic objectives for developing a systematic approach for national stakeholders. The WHO has set the following tasks in combating COVID-19:

1. Slow and stop the spread of the virus;

2. Ensure appropriate care for all patients;

3. Minimize the negative impact of the epidemic on health systems, social services, and economic activities.

The WHO plans to engage all stakeholders in three key areas to address emerging challenges:

1. Enhancing global coordination of all stakeholders – from scientists to industry, from civil society to non-governmental organizations (NGOs). Actions of all stakeholders in the field of global research and development need to be aligned.

2. Global coordination mechanism – a voluntary structure established to facilitate information exchange, incentivize funders, product manufacturers, and researchers. Such coordination is necessary to address gaps in research and prevent duplication of efforts.

3. Supporting clear and transparent processes for identifying priority areas in scientific research and innovation. A coordinated global research roadmap provides potential donors and researchers with critical information, enabling them to identify priority investment areas and research directions.

4. Creating a common platform for standardized processes, protocols, and tools, as well as for sharing samples, data, and information. As a global research community, it is essential to establish common standards for clinical trials, sample

and data sharing during the current and future epidemics. Such harmonization ensures the use of only the most reliable methods in any research. The WHO facilitates stakeholder interactions to agree on standardized protocols for sample collection, storage, shipment, delivery, analysis, recording, and data entry. Shared platforms provide a common space for data, results, and conclusions. Additionally, a strategy for disseminating information is developed to enable the exchange of research data and findings. Core clinical trial protocols ensure quality assurance and facilitate aggregation of scientific data.

Clinical practice for COVID-19 should be based on information hosted on the WHO international platform. Logistics management, procurement, and supply chain oversight are considered key components of preparedness and rapid response measures.

Material and methods. Most researchers emphasize that when a new disease, previously unknown to medical science and practice, is detected or emerges, proper diagnosis is essential to provide appropriate and specialized medical care. Early identification of patients, effective treatment, and timely organization of epidemic control measures are of critical importance. From this perspective, special attention should be paid to the clinical signs, epidemiological characteristics, and laboratory diagnostic criteria of COVID-19. The COVID-19 pandemic has entered history as a global emergency, placing enormous responsibilities on the entire healthcare system, particularly primary healthcare and family physicians. According to Yodgorova M. and colleagues, during the pandemic, primary healthcare institutions provided the population not only with medical but also psychological and social support. In such a situation, representatives of the primary healthcare system were responsible for daily household monitoring, providing advice and recommendations, organizing daily medical check-ups, and ensuring infection control.

Results. According to sources, the specificity of the clinical approach lies in the diversity of pathological processes and the nature of response measures, making the evaluation of the effectiveness of different healthcare services in both

quality and quantity long-standing and still relevant. From this perspective, family medicine is considered the most effective and widely adopted clinical approach.

Early detection and positive dynamics of follow-up are ensured by the special role of family medicine representatives and ambulatory care specialists. Research results indicate that identifying individuals with infectious diseases, hospitalization/separation, and follow-up demonstrate stable positive trends, reflecting the strength of interaction among family doctors, ambulatory facilities, and specialists in sanitary-epidemiological oversight and public health.

Some researchers emphasize the importance of specialist competence, infection monitoring, data analysis, and timely notification of relevant stakeholders in the provision of medical care. The WHO emphasizes the importance of developing and implementing infection prevention and control (IPC) measures, training specialists, and supporting responsible personnel to prevent healthcare worker infections and the spread of COVID-19 in medical facilities. Even in countries with poorly established IPC systems, partners (WHO, CDC, UNICEF, etc.) should assess IPC capacity, including patient triage and the availability of ventilated isolation units, and assist in determining patient routing accordingly. Patient triage, early detection, application of standard precautions, isolation, and referral should comply with WHO requirements.

Conclusion. Thus, the literature analysis shows that during the early stage of the pandemic, measures against COVID-19 were focused on ensuring global preparedness and rapid response. The emergence of COVID-19 placed healthcare professionals at the forefront of tasks related to rapid diagnosis and provision of medical care to patients. Furthermore, the analysis indicates that, given the interconnected nature of health and economic challenges, protection against infectious diseases cannot be confined within the borders of a single country. Instead, safeguarding against these threats requires comprehensive global efforts and collaborative action. Thus, the final conclusion from the literature review is that COVID-19, which emerged in 2020 as an “exotic” infection, cannot be fully eliminated at this stage and is increasingly exhibiting an “endemic” nature.

Accordingly, the package of medical services aimed at managing this disease must evolve and improve. In this context, as a general basis (platform) for selecting the medical services provided, only the WHO's "Response Program" for infectious disease management can be adopted from the perspective of the current situation. In particular, the standard definition of an event should be considered the primary criterion for differentiating each COVID-19 case. The aim and essence of the present study are grounded precisely in these principles.

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