

Performance audit on evaluation of activities in the field of chronic kidney disease in the Republic of Azerbaijan

According to the 2022 Work Plan of the Accounting Chamber, the performance audit of the activities in the field of chronic kidney disease in the Republic of Azerbaijan covered the measures carried out in 2021 as well as measures within the framework of the Action Program on Chronic Kidney Failure (Program) in 2016-2020. Taking into account the scope of the activity, the Ministry of Health of the Republic of Azerbaijan (Ministry), the Innovation and Supply Center (ITM), the State Agency for Compulsory Medical Insurance (ITS) and the Union for the Management of Medical Territorial Units (TABIB) were determined as audit objects.

First of all, taking into account that the measures planned for the action related to chronic kidney failure are included in the framework of the defined tasks and functions of the Ministry of Health, as well as the State Agency for Compulsory Medical Insurance and the Management Union of Medical Territorial Units related to the protection of the people's health and the provision of quality medical services, as well as the fact that the necessary financial resources have been allocated and implemented from the state budget for the years in which the program or action plan has been completed, in general, it should be noted that there is no urgent need to confirm the activities related to chronic kidney diseases with any state program or action plan.

In the indicated framework, it was concluded that it is possible to implement the activity by determining the targeting of funds for precisely defined measures and ensuring accountability in this direction.

It should be emphasized that although the actions on the program only cover the current as well as 5 years for those activities by describing the direction of the activities intermediate and expected result indicators have not been determined, and which, in turn, limited the possibilities of determining the effectiveness of the Program.

Also, it should be emphasized that due to the non-implementation of measures related to the improvement of legal acts in this field, including the completion of the process of creating the relevant legal framework for organ transplantation from a cadaver donor, organ transplantation from a cadaver donor could not be ensured in our republic.

In case it is not provided for in the program, as well as in the absence of any order or decree on it, the drugs purchased from the funds allocated to the program were given to patients with a diagnosis of liver and heart transplants, urticaria, as well as some chronic diseases of the kidneys, including chronic glomerulonephritis, chronic nephritis, nephrotic syndrome which was evaluated as a factor affecting the effectiveness of the allocated funds related to the CSI.

The improper organization of the activities related to the achievement of the goals of the program, the failure to implement appropriate measures for internal control, including the necessary monitoring, resulted in the failure to establish a hemodialysis department in some regions, and in some cases not being fully provided with equipments.

The low comprehensiveness of the necessary information, the lack of adoption of rules for enrolling patients in the kidney transplant queue at the state expense, the lack

of electronicization of the process and the lack of establishment of control mechanisms, the lack of application of evaluation procedures regarding the place of patients in the queue have led to a number of shortcomings in the activity related to kidney transplantation as it was mentioned above

Also, the lack of distribution of promotional materials outside Baku within the framework of the Program, as well as the lack of organization of events on nephrology in the regions, made it possible to note that the promotion and prevention activities related to chronic kidney disease are not fully comprehensive and satisfactory.

We consider that the non-approval of the staff number for the hemodialysis departments of state medical institutions by the Ministry of Health, as well as the fact that the planned places in the residency training on nephrology are not proportional to the number of patients and hemodialysis departments as some of the factors preventing the achievement of the Target 3.c.on “Substantially increase health financing and the recruitment, development, training and retention of the health staff in developing countries, especially in least developed countries and developing small island States” of SDG 3 “Good health and well-being”.