COVID-19 vaccination: An opportunity for rolling out NHI

National Health Insurance (NHI) in South Africa (SA) is envisioned to be the vehicle through which the SA government will deliver equitable access to quality healthcare for all.[1,2] With the prospect finally on the horizon, efforts ought to be made at every level of the health system to ensure successful implementation. One of the pre-requests for the latter is data systems that provide nationally representative, good-quality information in a timely manner. Currently, there are multiple data systems reporting on a vertical programme, which are not integrated.

The SA COVID-19 vaccination dashboard confirmed that 20 135 862 individuals were vaccinated as of 19 February 2022, among 46 041 199 (aged ≥12 years) eligible for vaccination. Of the vaccinated, 1 246 351 were in the age group 12 - 17 years.[3] The vaccine registration portal (Electronic Vaccination Data System, or EVDS) records vaccinees' unique identifier (such as SA ID number, passport number or asylum seeker number), detailed demographic data and self-reported information on comorbidities.

In 2014 the National Department of Health embarked on a process to administratively register all patients in a national Health Patient Registration System (HPRS), a networked electronic system used to register demographic information for each patient who visits a health facility. The system assigns a health patient registration number (HPRN) for each registered patient linked to their unique identifier. It was reported that by 2020, over 40 million were registered in the HPRS.[4]

In addition, three other national systems have been used in SA public health, namely Tier.Net, National Health Laboratory Service (NHLS) lab-track system and Central Chronic Medicines Dispensing and Distribution (CCMDD). Tier.Net digitalised the majority of the national antiretroviral therapy patient population, which was developed to track individual patients receiving HIV/tuberculosis services over a period of time.[5] The NHLS lab-track system, on the other hand, keeps records of all patients who use the public health laboratory system.[6] The CCMDD programme provides an alternative mechanism to facilitate access to medicine for stable patients. External pick-up points (PuPs) provide the patient with a more convenient option for the collection of their repeat medicine that has been dispensed and distributed via the programme. Similar duplicate systems exist in private hospitals and private laboratory and pharmacy groups.

A lack of interoperability across the various SA health systems leads to inefficiencies around data management, especially across healthcare partners. In turn, this compromises the ability to track patients across the system, which negatively affects health outcomes.[7]

The EVDS is the first system that provides a unique opportunity to unify the public and private health systems in SA. Together with information technology specialists, SA health professionals, especially the public health specialist physicians, should utilise this opportunity and work closely with the various spheres of the government and both public and private healthcare systems to ensure that the integrated system serves the needs of the population by creating a centralised knowledge centre to enhance analytics and reporting, and boost productivity in the SA health system. This should start with the 20 million people registered on the EVDS coming back for vaccine booster doses.

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