

# What data can do for healthcare

The recent listeriosis outbreak is a good example of the gaps in data collection in South Africa's healthcare system.



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Until recently, listeriosis was not a notifiable condition, which means it was not reported to the Department of Health the first time it was diagnosed. This is one of the challenges that can be addressed by centralising data.

“Data will inform disease profiling to get a better understanding of its prevalence and establish current and future costs of diseases in healthcare. In a system where you have accurate and comprehensive data, the industry can better prioritise healthcare needs,” says Charlton Murove, head of research: Board of Healthcare Funders of Southern Africa (BHF).

“If we can identify the right tools for data collection and centralisation, it will go a long way towards bridging the gaps in electronic health records that should be accessible to all the relevant service providers as and when needed and within the required privacy ambits.”

“Current systems are not geared towards providing health intelligence – there is still a big gap between the doctor’s diagnosis and the pharmacy, and fragmentation in record keeping is the region’s biggest challenge,” he says.

## Enabling efficiencies

Public healthcare systems across the region are buckling under pressure as they are continuing to service more people than originally envisaged. The resulting inefficiency is coupled with a myriad of other challenges such as skills shortages, fragmented systems and unconsolidated data that could have provided a clear picture of the health needs of the region’s population.

The [Future Health Index](#), commissioned by Dutch tech company Philips, paints a bleak picture of South Africa’s public healthcare system. According to the report, the country ranked last among 19 nations in a global survey that measured healthcare system efficiency – the ability to deliver maximum results at the lowest possible cost. “Among some of the biggest bottlenecks in the progression of healthcare in the country is data fragmentation and a lack of data to inform spend vs health citizen needs,” says Murove.

The authors of the report attributed South Africa’s poor performance to average healthcare spend as a percentage of gross

domestic product (GDP) that delivered below average health outcomes. South Africa spends 8.8% of its GDP on healthcare, just over R4trnn a year, which places it in the mid-field amongst the 19 countries. The US spent 19.1% of its GDP on health and France 11.5%. The lowest spender was the UAE with 3.8%. “There is a compelling case for improved budgetary allocation for health, and only usable data can adequately support this,” says Murove.

The adoption of smart applications and innovative technology will go a long way in mending the state of the public healthcare system and facilitating quality, equitable and affordable healthcare services to all.

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