Reviewer’s report

Title: The Resilience of Health Systems: A framework for assessment

Version: 1 Date: 25 March 2013

Reviewer: Ronald Labonte

Reviewer’s report:

This is a highly original article and is both timely and important. That being said I have some suggestions for major revision.

Major Compulsory Revisions:

My primary concern is with the articulation of the measures being used (i.e. under adaptive resilience); and of the contextualization of the crisis itself and its impact on Ireland’s health system. My concern begins in the paragraph on ‘Health Policy in a Time of Crisis) where it is, of course, quite appropriate to cite the World Bank’s emphasis on maintaining essential services. But this is only half of the picture, and misses the point that counter-cyclical employment in the public service sector is a critical element in avoiding a recession, as it retains consumption in the local productive economy (the multiplier effect). The absence of addressing this point is even more forcefully an issue in the itemization of components of adaptive resilience (second paragraph under Methodological Approach). Two of these adaptive resilience components (reduction of costs, and reduction in staffing) are questionable in relation to broader issues of employment retention and the role, especially in the public sector, of retaining or even expanding such employment to avoid deepening recession.

Relatedly, in the first and second paragraphs under “Resilience and evaluating system performance” reference is made to ‘scarce’ resources. This is an ideological and not an empirical argument, and appears to be one that informs the two questionable criteria the authors use to define adaptive resilience. Indeed, given that elite groups (investors, banks) have benefited economically from the crisis and subsequent fiscal austerity, strong empirical and political economy cautions exist around ’buying in’ to the scarcity argument. There is sufficient evidence to argue that this scarcity in most countries is largely a failure of taxation and regulation, not of some inevitable scarcity. My point here is the scarcity is a result of political decisions and policies -- it is created, not ‘natural’, and is now highly contested. I would advise to nuance this carefully, by, e.g., stating ‘when past and present taxation and regulatory policies create conditions of scarcity’ -- or some such phrasing.

In the fourth paragraph under ‘adaptive resilience’ in the Results and Discussion section it should be clarified that the performance metrics being commented on are outputs, not outcomes. Whether improvements in these outputs lead to improvements (or worsening) of health outcomes remains moot.
In the second paragraph under ‘transformational resilience’ the statement is made of the ‘need to reorientate the system.’ But according to whom, the authors of this study, or the government as revealed through documents? There is considerable controversy over how contracting models are developed in health systems and the extent to which the efficiencies they may create arise primarily through reductions in wages and labour rights for health workers, or dodgy off-record public-private partnerships for financing new facilities or services. There is also the well-known practice of contracting out previously unionized and public sector jobs (generally in non-medical service areas in hospitals) to private providers/labour brokers, leading to fewer or lower paid and more insecure employment. Cost savings in reduced staffing, wage freezes or contracting out that lowers the aggregate income flowing to labour (as distinct to capital) can create health risks for health workers, and depress knock-on economic recovery (the public spending multiplier effect). The precise nature of the contracting of services referred to as a ‘transformative’ response is not clear.

In summary, I think the article needs to situate and critique much better two issues: First, the macroeconomic context of austerity and scarcity, and how other policy measures such as debt repudiation or changes in taxation and financial market policies could obviate considerably the resulting ‘fiscal crisis’ of Ireland and the need for ‘financial,’ ‘adaptive’ or ‘transformational’ resilience. Second, the article should also engage with the mounting evidence (both theoretical and empirical) of contractions in public sector spending on economic recovery; and at least make some mention of the health downsides to the health sector or other government workforce being laid off, replaced by contract workers or subject to wage freezes/reductions (to the extent this is the case).

These two suggestions for revision do not mean abandoning the argument or analysis. (I would nonetheless recommend a much more careful discussion of at least two of the ‘adaptive resilience’ criteria that I find problematic, noting that these may not be ‘healthy’ in the medium to long run, even if they are indicative of health system adaption.) My suggestions distil to a need to put the issue of the crisis and health systems resilience response into a broader political economy analysis, not lengthy but at present.

Minor essential revisions:

On p.14, the endnote is important enough to be integrated into the text, with some comment about whether the preservation of salaries is after the 2009 cuts, or retains the salaries prior to the cuts. There is also the matter of wage freezes, which, over a few years, can amount to a real loss in inflation-adjusted earnings of 5% - 10% or more. Have such freezes been continued post the 2010 public sector agreement? Once more, this has bearing on how the issue of adaptive resilience is defined.

Discretionary revisions:

On p.6, it may be worth noting that absence of counter-cyclical commitment in
the 1980s Latin American debt crisis was largely due to the explicit or implicit conditionalities associated with IMF/WB loans. Also, ‘crisis’ is missing after ‘1980’s debt’

On p.13, in a section on results the term ‘admirably’ introduces a value judgment. I may not disagree with this, but this paean to government policy seems out of place. Delete?

On p.18: probably best to define ‘the troika’.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests