Reviewer's report

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

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Reviewer: Jose Martin-Moreno

Reviewer's report:

I very much appreciate the opportunity to review this paper, as the topic is of great interest in the current context. In that sense, it is of the utmost importance that we learn from the experience gained in Ireland and elsewhere in order to contribute to enhancing the resilience of health systems in the face of financial constraints.

- Major Compulsory Revisions

1. Because the paper devotes a good deal of space to analyzing the Irish situation, I would recommend adding “Ireland” somewhere to the title in order to better reflect the content of the paper. A possibility might be, “The resilience of the Irish health system: Testing a novel framework for assessment”.

2. It should be made explicit that this paper is of special relevance to a European context, or generally to contexts where the response to financial crisis is severely conditioned by external actors (in this case the troika, but in other regions and at other times, the IMF has also played the same role). In countries where the government can borrow at acceptable interest rates or print money without unduly raising inflation, a quite different article could be written along the lines of the discussion under point 2 of the Background section, with arguments in favor of Keynesian measures to increase government spending (even at the cost of increasing the deficit) on social programmes, thereby protecting the vulnerable, providing high-quality jobs, and stimulating the economy.

The paper written, however (and sadly), is highly relevant where countries are likely to have to cede sovereignty to austerity proponents, as is happening in Ireland, southern Europe, and other countries. In any case, there should be some discussion of how cutting government spending during recession is actually counterproductive to economic goals, as has been admitted recently by the IMF (http://www.imf.org/external/pubs/cat/longres.aspx?sk=40200.0).

3. With regard to the forms of resilience suggested for the framework, I believe some limitations should be explicitly mentioned.

3A. In terms of adaptive resilience, an important point was captured during the interviews carried out: “The effect on services has been surprisingly small. The system is more resilient than it appears. It could also be the case that there was a lot of flab in the system.” (End of point 3 under the Results and Discussion section; italics added). In any framework of analysis, the object is to have a tool
to compare different countries. However, in comparing the capacity to make efficiency gains between countries, there is a risk of punishing health systems which were already quite efficient to start out with. Obviously, if the system has not been subjected to great scrutiny in the recent past, and there is a lot of waste, its capacity to eliminate waste is relatively higher, but this is not necessarily a point in its favor. I would recommend including this point as a limitation in the discussion.

3B. With regard to transformative resilience, another important point to include is the attention to evidence-based policy. In Spain, where in fact the Minister of Health is a political figure rather than a technical expert with experience in health system management, a quite transformative package of reforms is being carried out to change the face of the health system, but these are sometimes based on ideological convictions rather than solid evidence that the current system is inappropriate. In short, the financial crisis is being used as a scapegoat to defend changes in the delivery of health services (for example, denying immunizations to undocumented immigrants) which may actually be quite detrimental to the population and the system as a whole. The indicators to measure transformatory resilience, then, should include a point on the presence of evidence-based justifications for reforms.

4. Regarding organization, the Discussion section has been combined with the Results section, meaning that an opportunity has been missed to add reflections which arise indirectly from the results. I suggest dividing the single section into two and using the Discussion space to reflect on the above points as well as others (including limitations to the study) which do not deal directly with reporting results.

5. I believe the Discussion section should also reflect on the very real harm to the population that can result from harsh austerity measures implemented in the health system. Steep copayments that threaten family finances, unavailable emergency services or long waiting lists that result in avoidable deaths, failure to increase services where needed during a financial crisis (e.g., psychological support) . . . All of this can strengthen the relevance of bolstering health system resilience.

- Minor Essential Revisions
n/a

- Discretionary Revisions

6. I like the fact that different forms of resilience are contemplated, even as I recognize that this exercise is quite complicated. Some comments on the forms suggested are above, but I would also like to suggest another form to consider, very related to financial resilience: structural resilience, or the institutional strength of the health system to resist pressure to weaken service provision. Some potential indicators could include the fortitude of charter laws on health systems guaranteeing universal access, the strong presence of patient and
health professional representation at the health policy table, ministerial might (in comparison, for example, to the power wielded by the Ministry of Finances or the Ministry of Foreign Affairs), and general citizen engagement and power in the political process. These factors can help systems stay strong even when external factors exert counterpressure.

**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.