Reviewer's report

Title: Health and health care systems in Sweden and China

Version: 1 Date: 23 February 2010

Reviewer: Birger Forsberg

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Comments on the article

Authors: Björn Albin, Katarina Hjelm and Wen Chang Zhang
Title: Health and health care systems in Sweden and China
Journal: Health Research Policy and Systems

1. Is the question posed by the authors new and well defined?

Their primary purpose of the article is to compare the health systems in Sweden and China with regard to structure, laws and regulations. This is an interesting and commendable research task. However, the authors state that comparison of health systems in different countries is not common. However, this can be questioned as both WHO and OECD for many years have produced comparative statistics and analysis of health systems. One example is the WHO Health Report 2000, another OECD’s database on the health systems of member states.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

The methods are document and literature review. They are sufficiently described for the reader to understand the methodology. There is sufficient detail to replicate the work.

3. Are the data sound and well controlled?

The data have been taken from documents and articles. The articles on China are mostly in Chinese which makes it impossible to verify them for a non-Chinese speaker. However, one must assume that those sources have been peer reviewed. With regard to the anglophone literature there are several important articles missing, such as those authored by Yuanli Liu on the Chinese health system and its challenges.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data?


The discussion introduces new data and important descriptions of the health care system in China which are not founded in the results section. The discussion also draws conclusions from those new data and other data not reported in the article on advantages and disadvantages of the health care systems in the two countries. There is also a conclusion about the formal legal structure of the Chinese health system that it not supported by the findings. In the discussion it is said that

While Swedish legislation focuses on “good health and care for the whole population on equal terms”, Chinese legislation focuses on the development of the health care organisation and accepts differences within the country in the degree of development.

However, in the results section it is stated that

Chinese health legislation is founded on protecting the patient’s rights and independence [15].

So, the statement in the discussion is not supported sufficiently in the results section. I even find a contradiction here. It appears incorrect to say that Chinese legislation accepts differences in development in different parts of the country. It may rather be that Chinese legislation does not address this issue at all.

In the discussion it is also stated that

The comparison shows that two different health care systems have been developed as a consequence of social and political development in the countries.

However, social and political developments in the countries have not been researched and there are few data on this in the results section. However true the statement may be, in fact it is a bit of truism, it is not based on the study findings.

6. Do the title and abstract accurately convey what has been found?

The title promises more than it holds. The title suggests we can find a comprehensive description of the health care systems in Sweden and China. However, the article focuses on the legal and formal organisational aspects of the systems. It contains little about the actual functioning of the systems, the service provision part of the system. The fact that the Chinese health system outside the hospitals today largely is driven by small private practices is not given sufficient attention. Also, the significant problems with private health expenditures in China are not given prominence in the article. The title should be changed to better reflect the actual content of the articles.

The abstract reflects relatively well the article but the overall conclusion that

Despite dissimilarities in health care systems, Sweden and China have similar basic assumptions, i.e. to combine managerial-organisational efficiency with the humanitarian-egalitarian goals of health care, and both strive to provide better
care for all.

is really not well supported by the study. Here it is unclear “who” Sweden and China are. Is the legal system of the countries? Is it the governments of the countries? “Sweden” and “China” are not well defined entities.

Also, it cannot be concluded that the Chinese health system is “still under development”.

The Chinese health system has undergone a development from one system to another since the late 1970s. This is not reflected in the article.

7. Is the writing acceptable?

Yes.

• Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

The authors should either stick to their ambitious goal of describing the health care systems comprehensively and correctly or focus on one of the three aspects they address: legislation, organisation and financing. It may be better to limit the article to the first two. And work on the organisation part in particular.

If the authors chose to work on a broader article the article should be updated and describe recent developments in China with regard to the proposed health care reform. The reforms seek to address some of the deficiencies in the system as brought out by the authors in the discussion section. (See for instance articles by Yuanli Liu on the matter.) The article should accurately describe the developments of the Chinese and Swedish health systems from systems of almost complete public financing and ownership to mixed systems. This is mentioned by the authors in the case of Sweden but there is not much about recent reforms in Sweden on the “free choice of patients” (vårdval) and the drive towards free establishment of private practice based on accreditation/certification. On China, there is ample data now describing the public and private mix of both health care financing and provision. See for example WHO’s National Health Accounts data or the article by Yuanli Liu, Meng and Berman on the Chinese health system. Overall, the article appears a bit old, also in terms of its references.

The article should adequately describe that the overall responsibility for health services in Sweden lies with the county councils and that the role of the central government is limited. In particular, the central government has no responsibility for service provision, a very important fact in the Swedish health care system. As presented now it is easy for the reader to misunderstand the description of the Swedish system due to wording like:

The main responsibility within the government lies within the Ministry of Health and Social Affairs,

This is correct but it should be made clear to the reader that the government here
is the national government not the regional (county councils) or local government at municipal level. All three levels in the Swedish system are governed by elected assemblies, a fact that makes the lower levels very independent from the central level. This is further strengthened by the right for regional and municipal governments to raise taxes for their activities.

In the case of China, the responsibility for service provision is not sufficiently explained. There is more of decentralisation of power and authority in the Chinese system than what the article implies. In fact, the discussion part on China seems more based on opinions about the system than facts. This part needs considerable revision.

The section on “the medical insurance system” in Sweden should be taken out altogether. It has to do with compensation for absence from work due to illness and has nothing to do with financing of the health care system.

• Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

I refrain from these comments until a new and considerably revised version of the article appears.

• Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

I refrain from these comments until a new and considerably revised version of the article appears.

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

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