and access to health services. In the background concept paper, Allotey et al. flip this idea of vulnerability, however, to also explore vulnerability in health systems. We know that people who are economically disadvantaged are at higher risk of poor health, and then for financial or other social reasons find it harder to access health services. In a world that expects health systems to provide universal coverage, however, one can see the issue not as one of “the poor”, “the vulnerable”, and “the disadvantaged”; rather, the vulnerability lies in the health system. Some health systems are more vulnerable to failure (ie., incapacity to deliver UHC) than others. What then are the determinants of the vulnerability of a health system? In a historical case study of South Africa, Alex van den Heever identifies a series of political choices, for instance, that made the health system more 4(t)-5ystess

Viroj and colleagues give a thorough account of the UHC scheme in Thailand that covers some 47 million people not otherwise covered by the private of government sectors. Employing data from a series of nationally representative household surveys conducted between 2003 and 2009, they were able to look at health service utilisation across wealth quintiles, answering a fundamental question about equity and access. The positive view of the Thai UHC is attributed to the quality and geographical coverage of health infrastructure, functioning financing, a functioning primary healthcare system, and zero co-payments at the point of service.

It is now accepted, however, that a health system is not