Author’s response to reviews

Title: Measuring the health systems impact of disease control programs: Critical assessment of the WHO Building Blocks Framework

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Author’s response to reviews: see over
Reviewer's report

Title: Measuring the health systems impact of disease control programs: Critical assessment of the WHO Building Blocks Framework

Version: 3
Date: 23 November 2013
Reviewer: David Bishai

Reviewer's report:
Building Blocks Paper

I really enjoyed this paper. I thoroughly agreed with the opinion of the authors. After I finished the paper I wondered about whether I actually learned something. It is difficult to judge how much analysis actually went on in this paper. The paper might just be a commentary with some pretence that the comments are findings of some systematic study. The systematic study, if there was one, was that the three different health systems impact studies referred to the building blocks as their conceptual framework. Subsequently the authors gathered to reflect on the shortcomings of the framework in guiding their study. If the authors undertook systematic process to identify shortcomings, the paper does not describe that process. Instead the paper just presents “results”. What sort of results is unclear. Are these discoveries or opinions or both?

Response: Many thanks for the positive comments. The paper is meant to be a commentary for researchers involved in the field and not a research paper (it is proposed in the debate section of the journal). We have revised the wording throughout (including the title) to try to make this clearer. We did not conduct a systematic review of all studies that had used the WHO BB framework. The purpose of the paper was to reflect on how we used the framework in applied research – through three case studies - and discuss the strengths and limitations of the approach. However, we believe that these three examples are fairly typical of how the framework has been applied in practice. Presenting these experiences and reflecting on them could provide valuable insights that may be used by other researchers involved in the field.

The authors like that the building blocks model gives one common reference on what the focal items in a health system are and that it is simple. They don’t like that the WHO model fails to describe the complexity of systems. Maybe these are discoveries too. It is unclear.

Response: These may not be discoveries, but important points to be made and we have now made them more clear in the Discussion section. As yet there has been little critical debate of the WHO BB framework in the literature, despite its widespread use. Although these points may not be ‘new revelations’ to everyone, by setting out the advantages and disadvantages of the framework, as experienced by
some, it is hoped that we might start to encourage a more interactive debate among
researchers about the framework’s merits and use.

Discretionary revision:
1) Either make it obviously commentary or say more about the analytical
procedure used to produce findings.

Response: We changed the title of the 3.2.2 section to “Using the Building Blocks
framework in applied research” framework and removed the word “results” that could
be confusing for the reader.

The idea that “We tried it out and it didn’t work.” is underdeveloped. We do not have
criteria that were applied to assess conceptual framework failure or success. Table 1
just lists three study designs and Table 2 lists the way each study implemented the
building blocks. Section 2 is too short and does not say how the findings were
developed.
How was the inadequacy of the WHO building blocks approach made manifest?
What criteria were used?

Response: As discussed above, and clarified throughout the paper, this was a
reflective commentary and as such, no systematic assessment using criteria was
conducted. Section 2 refers the reader to already published papers. We have now
added a section with more detailed description of our methods. We now also better
describe the shortcomings we experienced in carrying out those methods. We have
also added more examples from the studies, illustrating the limitations we discuss.

The inadequacy of the WHO building blocks framework approach is multi-faceted
and is described in section 3.2 Limitations. In terms of how we arrived at an
understanding of this inadequacy, quite honestly, it was through a process of
reflection during the analysis of these different projects—there were dynamics that
were certainly at play, but our methods of analysis were leaving these out of the
picture, which left us feeling we had missed important factors. Because our research
projects, from start to finish, had unfortunately been built around the building blocks,
these dynamics were made much more challenging to analyse on a post-hoc basis.

2) It is great to see the candor of the authors in admitting the limitations of work
they have done. We all learn from this candor. Can the three authors be even
more candid so as to describe why they couldn’t anticipate that this approach
would be inadequate before they committed to it? Was it imposed from
outside designers or donors who didn’t know any better? Isn’t the omission of
concern for complexity, household behavior, and intersectoral linkages
obvious? If not obvious, then that would strengthen the paper. If very smart
people are picking up the WHO model thinking it is a complete toolkit, then
the paper’s warning is actually made more necessary and valuable.
Response: We were previously aware of some of the limitations of the BB framework. However, our research was quite a collaborative process with international agencies, such as the WHO, and it was therefore felt that the WHO framework was the natural framework to use. The ubiquity of the framework also encouraged its use – a point that we have added to the paper. Omissions related to the demand side, for instance, may be obvious, but to date, the BB framework has still not been modified to take these into account. Highlighting these inadequacies/omissions using field work experience may be stronger than presenting a purely theoretical argument. It might be that the health systems community is suffering from group think as the other reviewer suggests. Therefore, we think it is important to call attention to these inadequacies for the HS community to take stock and move on. We have added a sentence on danger of group think in the HS community in Section 4.

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

Reviewer’s report
Title: Measuring the health systems impact of disease control programs: Critical assessment of the WHO Building Blocks Framework  
Version: 3  
Date: 24 November 2013  
Reviewer: David Peters

Reviewer’s report:  
The article presents a long overdue discussion about the WHO Building Blocks Framework, and is of interest to a broad public health and policy audience. The article is well argued and appropriately referenced.

The authors appropriately identify the utility of the building blocks framework, and its positive attributes of simplicity. They also point out one of its main flaws, in that it ignores people, or the entire demand side of a health system.

Response: Many thanks for the positive feedback.

I have only discretionary revisions for consideration:

1. By showing the limitations of the framework when trying to actually use it for evaluation purposes, they could go further in their interpretations of its limitations,
and make their argument more compelling. In particular, the article makes the case that the Building Blocks Framework is inadequate as a conceptual framework, and actually does not serve as a “systems framework”, but they do not explicitly say so. They provide good examples of the problems, but the debate would be more compelling if they were to make the underlying problem with the framework more clear. For example …

When describing how little the framework helps to explain the reality of health systems, they are really demonstrating why the Building Blocks Framework should not be used as a conceptual framework. In science, conceptual frameworks are a way of organizing ideas to address a research question or purpose; it forms a basis for theories around the subject matter. The building blocks is a useful listing of functions, purposes, and attributes (and helps people identify broad areas where investments can occur – its original purpose), but it lacks a theoretical grounding and a way of linking the different parts of the system, so does not hold up well for analytic purposes (and was not intended to do this).

Response: We agree with the reviewer and we made that clearer in the text by modifying the Discussion section.

Second para: “The simplicity allows specific effects of an intervention on individual building blocks to be described adequately. However, this comes at a cost. First, it does not allow to capture the dynamic interactions between the elements of a health system, a key feature that makes health systems to be complex. Second, the Building Blocks model does not provide any hypothesis or theory of what makes health systems tick. As a result, the overall effect on the health system of a specific intervention might still be poorly understood and possibly even misinterpreted”

Fourth para: “In reality, it simply presents a checklist of six functions. This is reinforced by most of the guidance on measuring health system strengthening that uses the building blocks model, which just provide generic indicators for sub-dimensions. The framework, indeed, neglects a ‘whole system’ perspective.

A system can be defined as a set of components that interact with each other to form an integrated whole (or purpose, which in this case, is a purpose related to health). A systems framework should show how the parts are directly or indirectly related to each other, yet the Building Blocks Framework doesn’t actually identify most of the main actors (or organizations) in a health system, and then has a tough time showing relationships between the parts. For example, the framework mostly identifies functions, purposes, and other attributes of a health system – the functions should be the linkages between actors or parts of a health system, which are missing in the framework. Interestingly, in the Systems Thinking report by de Savigny and Adam (2009), they were compelled to use the Building Blocks Framework (it was a WHO report), but correctly state that the Building Blocks Framework does not
constitute a health system (p 31). (It actually is not a good representation of a health system, as no framework would actually constitute a system)

Response: This is a very important point. We now discuss the inadequacy of the BB framework to represent the health systems in section 4 Discussion and argue, similarly to the reviewer, that the BB framework cannot represent the health systems and that it cannot constitute a health system. We also added throughout statements saying that process, stakeholders relationships, and power—aspects of the ‘linkages’ the reviewer is referring to—should be explicitly considered when doing health systems research.

2. The authors highlight the benefits of the framework providing a common language. This may be useful, but is also a source of considerable "Group Think" and has contributed to a lack of critical appraisal of health systems. These authors were able to get over this by adapting the framework, but many do not, and it is worth noting that common language and thinking is more helpful in contexts where they don't need to be questioned.

Response: The reviewer makes a very pertinent point about the danger of Group Think, which is similar to the one we make about questioning the utilisation of the BB framework for research and health systems analysis. We have added several sentences to strengthen this argument.

3. I would also note that the health systems framework described in the World Health Report 2000 actually had a more useful framework for assessing the health systems impact of interventions than the building blocks framework, by showing the relationship between key functions and objectives of a health system (the annexes ranking countries is a distraction from the report itself). However, many tend to forget the WHO 2000 report, and continue to use a more recent framework that was not intended for analytic purposes. This debate should help to correct this problem.

Response: We agree with the reviewers comment and have added this in the last paragraph of section 4 (discussion): “One possible framework is that developed in the World Health Report 2000, which was used to assess the relationship between key functions and objectives of a health system in an attempt to evaluate change to the systems as a whole rather than to the sum of its parts (32).”.

Level of interest: An article whose findings are important to those with closely related research interests
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