Reviewer's report

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

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Reviewer: David Peters

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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.

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).

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)

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.

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.

**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