Author's response to reviews

Title: An approach to addressing governance from a health system framework perspective

Authors:

Inez Mikkelsen-Lopez (i.mikkelsen-lopez@unibas.ch)
Kaspar Wyss (kaspar.wyss@unibas.ch)
Don de Savigny (d.deSavigny@unibas.ch)

Version: 4 Date: 26 July 2011

Author's response to reviews: see over
26/07/11

Dear Prof. Ted Schrecker / Mr. Danrolf de Jesus,

BMC International Health and Human Rights

Re: MS 1889002663542949
Governance in Health Systems: towards a new framework for assessment
I Mikkelsen-Lopez, K Wyss and D de Savigny

Thank you for your email received on the 28th June and for the comment on the paper entitled "Governance in Health Systems: towards a new framework for assessment". We greatly appreciate the reviewers' recommendations and would like to thank them both for their insightful comments. We have included them in our acknowledgments by name in our manuscript, however, should they feel uncomfortable with this we are happy to thank them anonymously.

Please find below our responses to the reviewers' comments.

We look forward to hearing back from you on the status of our manuscript. Thank you very much for your consideration.

Yours sincerely,

Inez Mikkelsen-Lopez
Replies to reviewers’ comments

Reviewer 1 – Wolfgang Hein

Major compulsory revisions

1. **Reviewer comment:** The reviewer noted that the paper was missing some references to important work in global health governance and that we did not provide a “deeper exploration of governance”.

   **Our response:** We have therefore included additional references to the work on global health governance on page 4: Fidler (2007); Hein et al (2010); Lee (2011); Ng and Ruger (2011). Although a deeper discussion on governance would be normally expected, the objective of our paper is not to address the political science and governance community, but rather the health system practitioner audience to introduce a practical approach to examining and responding to governance within a health system perspective. We have clarified this purpose in the text on page 4:

   "Therefore much conceptual thinking has gone into governance, especially from a political science perspective. However it is not the ambition of this paper to further contribute to the discourse in this area as, at least for health, this has been done by others [17-19], Instead we aim to provide examples of how these often theoretical considerations can be applied to health system governance.”

2. **Reviewer comment:** The reviewer indicates that we should be more modest about this contribution to the literature on health system governance and that we do not provide enough details in the method of its application.

   **Our response:** We agree and to address this, we have altered the title of the paper to “An approach to addressing governance from a health system framework perspective”. This we hope will convey the message that we are not proposing a new framework, but merely exploring the merger of two topics (governance and health systems) and how they could be combined into a practical approach. We have also included a sentence to highlight
that we do not proposes that our approach will solve all governance bottlenecks in the health system on page 19.

“We recognise however, that there is no panacea to solve governance issues. This is an approach to improve and mitigate governance weaknesses but we do not propose that it would eliminate all governance bottlenecks.”

Our framework is however original in that it is problem driven and promotes and outward assessment of governance across the major building blocks of the health system (as discussed on page 18).

To address the point about the limited detail on the application, we have provided more details and examples for how the framework we suggest could be implemented in the steps four and five on page 17.

Step 4 – “For example, the evaluators may find that the design of the system has not been adapted to recent health reforms (such as decentralisation) which will affect the balance of power and authority, and may result in increased absenteeism in rural areas due to lack of supervision.”

Step 5 – “For example, if absenteeism was consequent in part to a lack of supervision because following the decentralisation reform clear policies on supervisory responsibilities and sanctions on health staff absent without leave was not established, then the governance intervention would be to design clear policies on responsibilities and to ensure the authority and resources to so implement them.”

3. **Reviewer comment:** The reviewer points out that synergistic relationships occur across numerous sectors.

**Our response:** We agree and have referred to de Savigny and Adam (2009) ‘Systems thinking for health systems strengthening’ which provides a description of how systems thinking has been used across various sectors (economics and ecology) and what are
the concepts behind system thinking page 19. Furthermore, following the reviewer’s suggestion, we have referred to the more general discussion of governance in the political science literature: Bradford and Linn (2007); Finkelstein (1995); Salamon (2002); OECD (2004) and others. We however feel that going into a discussion on the general governance synergies and how they relate (or not) to health may distract from the message of this paper which is to develop a practical approach.

Minor essential revisions

4. **Reviewer comment:** The reviewer points out that we raise expectation by suggesting that we contribute to further understanding governance issues.

   **Our response:** As the aim of this manuscript is only to provide a practical grounding in governance in order to apply the approach, we have removed this sentence from the manuscript. We have also altered the abstract and background to reflect this.

5. **Reviewer comment:** The reviewer states that a reference on the fact that governance is always linked to stakeholders with different positions of power is missing.

   **Our response:** We appreciate the reviewer’s view point on governance being linked to stakeholders with varying interests and power and have included a reference to Walt and Gilson (1994) for this on page 4.

   “governance in the health sector which is particularly important considering the characteristics of the health sector such as asymmetry of information, uncertainty and the large number of stakeholders who have specific interest and different positions of power which may affect policy development”.

Discretionary revisions

6. **Reviewer comment:** The reviewer comments that our example (absenteeism) does not only concern health and suggests that we take an example which is specifically for health (global health) such as brain drain of health workers.
**Our response**: It would be possible to substitute the absenteeism example for brain drain of health workers, however this is also not specific to just the health sector. Most system failures in health systems have analogous examples in other non-health systems so it is difficult to identify an example unique only to health systems. As we highlighted above in point 1 and adjusted in the text, the audience of this paper will be health practitioners at the country level and therefore we believe that an example more focused towards them instead of global health governance may be more in line with our objectives. Absenteeism is a particularly important system issue in low income health systems.
Reviewer 2 – Christina Zarowsky

Major compulsory revisions

1. **Reviewer comment:** The reviewer highlighted that the paper was missing a definition of governance.

   **Our response:** We agree this is important and now refer to on page 5 to our preferred definition which is that of WHO (2007):

   “ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, the provision of appropriate regulations and incentives, attention to system-design, and accountability”.

2. **Reviewer comment:** The reviewer notes that the manuscript fails to situate the framework within a broader socio-political context and that it is politically naïve.

   **Our response:** We are aware that health systems are embedded within broader systems (social and political) and have made reference to this on page 4 by referring to: Bradford and Linn (2007); Finkelstein (1995); Salamon (2002); OECD (2004). We have also adjusted our abstract and background to highlight the fact that our aim is to provide a practical approach to help stewards deal with complex systems so that they can better understand how the building blocks of the health system interact by encouraging them to embrace a wider perspective page 4.

   “Therefore much of conceptual thinking has gone into governance, especially from a political science perspective, however it is not the ambition of this manuscript to further contribute to the discourse in this area as at least for health this has been done by others [17-19], but instead we aim to provide examples of how these often theoretical considerations can be applied to health system governance.”

   Our approach recognises that health practitioners are often political naïve and starts from that perspective so that the subject of governance can become more accessible to this level of health system community. Our manuscript deliberately uses language which they are familiar with. By stressing that our approach is deliberately simplified, we thus avoid
going into a deeper and more conceptual discussion. It is also for this reason that we decided to submit to a health journal rather than a political science one. We also appreciate that we may not have stressed enough the importance of system thinking for the complexities of having various stakeholders with different power levels. Accordingly, we have added this point on page 7.

“This is important as any intervention in one building block of the health system is likely to have system-wide effects which may need to be mitigated or prevented. A systems thinking viewpoint requires a deeper understanding of the complex interactions between the various stakeholders who may have different objectives and power levels, and how a decision may affect them.”

We recognise that trying to understand how different stakeholders in a system will act and have included a reference to Reich Policy Maker software (page 16).

Finally, we do not suggest that our approach will solve all governance weaknesses in the health system, and have now included this statement in our manuscript on page 19.

“We recognise however, that there is no panacea to solve governance issues, and that this is an approach to improve and mitigate governance weaknesses but we not propose that it should eliminate all governance bottlenecks.”

3. **Reviewer comment:** The reviewer suggested we refer to governance in the political science literature and how power relations between stakeholders need to be considered.

**Our response:** This comment is similar to that of Reviewer 1’s Comments 1 and 5. As we have mentioned above, we have now included reference to the contribution of political science to the discussion on governance. We agree with the reviewer that the aspect of power was not explored enough in our original manuscript, therefore we have referenced several times the work on power by Walt and Gilson (1994):

“Corresponding to this, there has been an increased interest in the assessment of governance in the health sector which is particularly important considering the characteristics of the health sector such as asymmetry of information, uncertainty and the
large number of stakeholders who have specific interest and different positions of power which may affect policy development”. page 4.

“A systems thinking viewpoint requires a deeper understanding of the complex interactions between the various stakeholders who may have different objectives and power levels” page 7.

“In summary, a well governed health system should have clear goals based on a certain degree of participation of relevant stakeholders especially those from disadvantaged groups or who may have less power to influence policies” page 14.

“The first step the applier would need to do to understand why absenteeism could be occurring and persisting would be to map all the relevant stakeholders involved in human resource decisions and responses, and what their roles, authorities, responsibilities and power relationships are” page 16.

“For example, the evaluators may find that the design of the system has not adapted to recent health reforms (such as decentralisation) which will affect the balance of power and authority and may result in increased absenteeism in rural areas” page 17.

Minor essential revisions

4. **Reviewer comment:** The reviewer pointed out there were various inconsistencies in the manuscript.

**Our response:** We have now corrected all inconsistencies that the reviewer noted. For example we removed the part on donors being ‘forced’ to cut back funding, and have referenced the sections which the reviewer pointed out were missing for example: “or rule-based indicators as they are sometimes referred to[45]”– Kaufmann and Kraay (2008).

The reviewer was also concerned that the flow of argument was sometimes uneven and it moved between discussions on governance and the evolution of health system frameworks. This was deliberate as we wanted to demonstrate how health systems evolved and how governance entered previous frameworks.
5. **Reviewer comment:** That we did not define what we meant by ‘traditional factors’ on page 4 and that our own working definition of governance was not provided.

**Our response:** To address this point we have changed ‘traditional factors’ to ‘conventional factors’ and provided a brief explanation of what they are (page 4). We have now provided a definition to governance as seen above in Comment 1. As we explained above, we recognize that a deeper understanding of governance would add value, however this was not the central intention of the paper. We remain confident that this manuscript has value by bringing attention to governance in the health system for local health system practitioners in a practical way through helping them think about governance issues from a stewardship perspective.

**Discretionary revisions**

6. **Reviewer comment:** The reviewer suggested making some structural changes to the manuscript.

**Our response:** We considered this but concluded that the clarified thrust of this paper (that we are providing only a practical approach), not a new framework is well handled by the current layout of the manuscript. We did however modify the introduction to include a definition on governance, and we moved the section of the example of the application earlier in the paper.

7. **Reviewer comment:** The reviewer highlights that the emphasis of our modified framework on being problem driven and encouraging system thinking is a valuable contribution and that it is well situated to push the boundaries of health system thinking beyond the health system. She also suggests reference to Walt and Gilson work on power and Reich’s Policy Maker software and to acknowledge that the health system is in itself a social determinant for health.
Our response: We appreciate the reviewer’s comments on the potentially valuable contribution of our approach. As mentioned above, we have referred to Walt and Gilson (1994) and Reich on their approaches to policy analysis (page 16) in our discussion on Step 1 of the application of our approach. We have also followed the reviewer’s suggestion of including references to the WHO Commission on Social Determinants of Health page 7.

“Beyond system thinking in health, it is also important for stewards to recognise the role and impact of the health system in the broader socio-political environment and that health systems are themselves social determinates which can influence education and employment”.

Both Step 1 in ‘Systems thinking’ (de Savigny and Adam 2009) and Step 1 in our approach deal with stakeholder analysis and stakeholder management, recognizing power relations and contested positions. We have updated this section to include the importance of acknowledging that stakeholders will have various perspectives on what the health system is and how it is influenced by governance weaknesses in a multi-finality way (Systems Thinking, Box 2.4 page 44).

8. Reviewer comment: The reviewer notes that researchers and the public health community should move beyond normative views and include insights from social and political science in their practice.

Our response: We accept and sympathize with this point, but see that this would be better addressed in a companion paper being developed for the political science literature after an empirical application of this approach which is currently underway in the field.