Author’s response to reviews

Title: Are our ‘UHC systems’ learning systems? Piloting an assessment tool and process in six African countries

Authors:

El Houcine Akhnif (akhnif@yahoo.fr)

Joel Arthur Kiendrebeogo (jarkien@gmail.com)

Abdellatif Idrissi Azouzzi (aidrissiazzouzi@yahoo.fr)

Zakilatou Adam (zakya2adam@gmail.com)

CP Makoutode (makoutodepatrick@yahoo.fr)

Serge Mayaka Manitu (sergemaya@yahoo.fr)

Zakariaou Njoumemi (njoumemiz@gmail.com)

Alison Gamble Kelley (agkelley514@yahoo.com)

Bruno Meessen (bmeessen@itg.com)

Version: 1  Date: 29 May 2018

Author’s response to reviews:

Dear editor,

I am enclosing herewith a revised version of the manuscript entitled “Are our ‘UHC systems’ learning systems? Piloting an assessment tool and process in six African countries” for consideration for publication in Health Research Policy and Systems.

First, we would like to thank the reviewers for the interesting comments they made on the first version of our manuscript. We did our best to address their points. We believe that the elements we integrated in the manuscript to respond to their comments gave more strength to our article.

We have also addressed other comments of our coauthors in this version. Those extra changes were marginal. The main one was to present countries in the alphabetical order (which was not the case in the original version commented by the reviewers).
The changes were made in track change in the manuscript. Here below, we provide a point by point reply to their comments.

Best regards

EL Houcine Akhnif

Reviewer #1:

Weaknesses:

The paper reads as a report on the process followed.

It could use greater development of the conceptual framework and a more detailed discussion of operational lessons learned. Below are some suggestions.

Conceptual Framework:

R: We believe that the evaluation process is an important part of the research. We agree that the discussion can provide more details on some of the lessons. We have strengthened the discussion as suggested.

- Definition of a "UHC system". Is it the Ministry of Health? The health system? a certain combination of agencies that is similar across countries? The actors of a specific reform?

R: We understand the question on the ‘UHC system’. We have reinforced the definition and added more clarification to what was used in this study.

- Surely the learning capacity depends not only of current learning policies (eg creation of a learning budget) but also depend on an existing platform which depends partly on past policies and citizen initiatives (specifically, the learning capacity of the UHC system must depend on the size of the community of health system experts, and this is probably linked to the number of local journals on health systems, MPH programs, and the appetite for these skills expressed as demand for analysis of these topics by governments and donors). Estimating the impact of learning policies or institutions probably needs to recognize that different countries have different initial learning platforms.

R: we agree and the adapted framework has many questions that explores all the stated elements. We have clarified this in the text, just under box 1.
Learning from the pilot:

- I imagine that it is hard to define a "UHC system" -- what was learned from the pilot about how to refine this definition (also, the paper should explain what this means in each of the countries!)

  R: each country did a mapping of their UHC system and made a decision as to what could be in the inner and what should be in the outer. We also clarified this point in the text. In the discussion, we come back on this definition.

- Scoring: I am not sure if you are trying to develop benchmarks (X should learn from Y). IF you are, is it important to ask if the difference across countries is statistically significant? Aren't you bothered by how many of the responses are very similar? Should that lead to a change in your 7 point system? Or should you drop questions that don't help you rank countries?

  R: We have clarified this in the discussion. The purpose of this research was mainly on how to organize the tool and test it in the countries. the comparison was just to illustrate the differences in the use of the tool in each of the countries, which could help to improve it later in further studies.

- Do you have a sense of how the experts can be classified as supporters or critics of the UHC reform? Wouldn't critics have a different bias than supporters? If so, should you stratify your sample to ensure that in all countries there is a similar balance between supporters and critics?

  R: to answer this question we have analyzed the frequencies of the score 1 to 3 and 5 to 7 for all the questions we found high frequencies are given to the strata 5 to 7 which means that supporters are more than critics.

  Hope this is useful!
Reviewer #2: This manuscript merits significant commendation. The authors have identified an important issue affecting the health of millions of people (as well as fiscal health) in low-and-middle-income countries (LMICs), have illuminated the importance of the aspiration to achieve Universal Health Coverage (UHC), have demonstrated the integral relationship between implementing learning organization (LO) principles and delivering on the promise of this aspiration, and have rigorously studied it across six African countries. Background research on the LO concept anchored, among other places, in the pioneering work of MIT's Peter Senge since the 1990s, and its application to the health systems studied, is thorough and thoughtful. The methodology for developing the assessment tool appears to be both collaborative and comprehensive; it covers people, policy, process, and technology components of LOs. Analysis of results, including comparison/contrast between outcomes across the six countries studied, as well as reflections on methodological limitations, all also seem well thought out and articulately explained.

R: thank you.

Key overarching suggestions for improvement are two-fold:

1.) First, although the authors' background research on LOs (largely from social science type of literature) is impressive, the manuscript could be improved by adding additional supplemental background from research and thought leadership already conducted on application of this idea to healthcare and health, often falling under the vision of Learning Health Systems (LHSs). The term "Learning Health" does not appear in the manuscript draft. The LHS concept has strong roots in the work of the Institute of Medicine / National Academy of Medicine (IOM/NAM) in the United States (originally as a "Learning Healthcare System", and then recognizing its focus on health transcending just care as a "Learning Health System") dating back over a decade. Efforts to realize LHSs are being implemented across the United States and around the world. There is a "Swiss Learning Health System", for instance. As a resource, The Learning Healthcare Project, based in the United Kingdom, lists examples of LHS initiatives in North America, Europe, and Asia (it also includes interviews with LHS thought leaders and do-ers). Though there are differences between the countries and regions where these LHS examples are underway and the African countries studied by the manuscripts' authors, nonetheless, much can be gained by further researching LHS principles, continuous and rapid learning cycles, sociotechnical infrastructure components, and collaborative implantation efforts. The authors are strongly urged to explore further and consider applicability to their own research.

R: We agree and appreciate this guidance. We have enriched the background section of the paper with references to some latest research in the field of learning health systems. We have also added a detailed paragraph about the applicability of the research.
2.) Second, the concluding portions of the manuscript could be augmented by embracing and applying principles of continuous learning to the processes described in the paper themselves

R: The framework itself focusses on continuous leaning through the cycle of Garvin acquire the knowledge, store it, share it and us it in the action. We have clarified this in the text.

While the authors do hint at limitations, next steps, and opportunities for additional study, their own methodologies engender opportunities for them to potentially venture even further. They could elaborate on what leadership and other key stakeholders across the six countries studied can learn from the authors' findings and from one another, and how all of this could be applied to enhance learning (and its application to health improvement) in these countries; the authors could address how these countries' systems can "learn how to learn better" as a consequence of lessons learned from the authors' research.

R: We have integrated your point in the text with box 2. We are actually considering to write a viewpoint focused on “learning for UHC” valuing this work and other work we have done. We prefer not to overwhelm our current discussion section.

Complementarily, the manuscript would benefit from an expanded discussion of actionable intelligence gained vis-à-vis how to improve the assessment tool and its utilization from the piloting process; viewed through a lens of continuous improvement and continuous learning cycles, the authors should discuss further how they could enhance their work in the next cycle in light of lessons learned.

R: we have done our best to integrate this in the discussion

With that said, this manuscript presents an article of unique importance. It is a valuable and significant contribution to the field. As the authors state at the close of the manuscript draft, "there is space for more innovation in developing and leading knowledge agendas at the global, regional, sub-regional and country levels." The work presented in this manuscript promises to underpin and enhance such urgently-needed innovation to ultimately drive better health.

R: thanks again