**Author’s response to reviews**

**Title:** The place of learning in a UHC health policy process: the case of the RAMED policy in Morocco

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**Author’s response to reviews:**

Dear editor,

I am enclosing herewith the revised version of the manuscript entitled “The place of learning in a UHC health policy process: The case of the RAMED policy in Morocco”.

We first would like to thank the reviewers for the valuable comments they made on the first version of our manuscript. The elements we integrated in the manuscript to respond to their comments gave more strength to our article.

The changes were made in Track change and the answer to each of the comments are below. We also submitted a clean version.

The paper has been professionally proofread by a Proof-reading service.

Best regards

EL Houcine Akhnif

**Reviewer 1:**

The article talks about the importance of organizational learning capacity in the process of formulation, implementation and evaluation of UHC. It does cover important aspects of role of political leadership by forming inter-ministerial committees and group decision making for the
success of the program and the lack of financial powers at the local level as the hindering factor. However,

C: the article needs correction of grammar mistakes that are glaring on page 8, line 57; page 11, line 45-48; page 12 line 15-16; page 13, 14, 17, 18, 20 and 21.

R: corrections introduced, the paper has been professionally proofread by a Proof-reading service.

C: There is repetition at many places.

R: we have reduced the size of the article and reduced repetitions; we also have introduced recommendations as to some practical action as asked.

On a broader aspect, the article has captured the real processes in launching and implementing any program but

C: it does not give any lessons as to how the sustained organization learning is possible. Lack of financial resources, lack of autonomy at local level is a known fact, but what needs to be done to address these organizational issues needs attention.

R: Indeed. Our view is that solutions will come through the learning dynamic itself. Through this article, we try to advocate for the view that, instead of looking for available recipes for health organizations and health systems, one should rather develop the learning capacities of health organizations.

Reviewer 2:

- The manuscript (especially the results section) is far too long which makes it difficult to understand

R: we have substantially reduced the length of the result section, we have got rid of 3 144 words).
C: Introduction The authors have used sufficient evidence (literature) to outline the key issues around UHC process and learning. However, this section could be better organized and abridged as follow: *

Paragraph 1: What is known about the topic of the manuscript? o Definition of UHC and description of its main elements namely service delivery, quality of care and health financing. o Definition of learning in the context of this paper and why learning is critical in UHC policy development? o Description of the nexus between UHC and organizational learning * Paragraph 2: What is unknown (gaps in information) about learning in UHC (particularly public health financing) that this study seeks to address? * Paragraph 3: What are the goals, objectives and research question/hypothesis for this study?

R: we have improved the structure of the introduction to make it more understandable; we tried to follow your recommendation (see manuscript). We think that the new introduction is indeed more fluid now.

Methods *

C: The section on conceptual framework which runs from line 57 of page 4 to line 49 of page 6 is redundant and should be deleted or significantly abridged. Since the Garvin framework is a recognized scientific method, there is no need for the authors to elaborate justify why they used that method. A brief description of the Garvin framework could be included in this section (with the appropriate reference) or as a supplementary file to reduce the text

R: following your recommendation, we have reduced the size of the conceptual introduction (see manuscript). We have also restructured it.

C: A brief section on the study context which describes the health and public health financing context of Morocco and the RAMED programme would be helpful for readers to better contextualize and understand the paper

R: we have included a brief section concerning the health financing and RAMED scheme (see right after the introduction ).
C: Line 4 to 27 of page 7: the authors have said that they organized the documentation of the RAMED policy process into 5 questions but only 4 questions were listed; could you please clarify?

R: it was a typing mistake thank you.

C: Page 7 line 30 to 44: how did you identify the documents? Through online search? If yes, please mention the search engine and the search terms used.

R: most of the important documents about the RAMED are not published or made available online; we have clarified the way we searched and selected the literature.

C: Page 7 line 50 to 53: please mention the sampling method used for selection of the interviewees

R: we have clarified this in the manuscript

Results *

C: This section requires significant review. I find it too long and not very easy to read! Although a qualitative research methodology was used, I believe that the authors could better use tables and other means to summarize their findings to make for easier reading and understanding. For instance, there is several repetition of information in the various sections on limitations to learning (for example the hierarchical limitations of learning in Morocco), could the limitations be grouped into one section and the results combined?

R: Thanks a lot for your comment. We have revised the result section and made it easier to read. Now, we focus on the three blocks of each stage of the policy, the two directions of influence and we summarized the limits in one table.

C: Table 1: the selection of interviewees is biased towards the policy implementation phase of the study; could this be a potential source of bias for your study? What guided this number of interviewees; could three interviews have resulted in saturation of information?

R: Actually, the policy formulation was done through a restricted group work (interministerial committee) we have taken the three people from the ministry of health who were involved in this
group work. We noticed already from the second interview that they were sharing almost the same answers. The policy implementation has taken from 2002 to 2018 and is still continuing, so it is logic that this phase of the policy receives more attention. It also had to deal with different levels and a complex coordination at regional level. To capture all the knowledge and achieve the saturation, a greater number of interviewees for this phase was needed.

We have clarified this in the manuscript.

C: * The use of more concrete examples to back up some of the findings and issues raised in the result section would further validate the findings of the study

R: to back up our findings, we used either verbatim from our interviewees or facts that are known (like organizing an international meeting for RAMED, the creation of an interministerial committee for RAMED governance); we tried to clarify this in the text.

Discussion

C: * The first 2 paragraphs of this section (line 55 of page 33 to line 15 of page 24) are repetitions and should be deleted. The authors should focus on summarising and rationalizing their findings and should refrain from repeating the objectives and methods of their study.

R: we have deleted the first paragraphs.

C: I would therefore suggest the following structure for the discussion: o Paragraph 1: summary of the main findings (current line 18 to 38 of page 24) o Paragraph 2 to 4: in-depth discussion of the main findings describing the significance of these findings, how they compare with the findings of similar studies and how they would improve or hamper learning during UHC policy development, implementation and evaluation process o Paragraph 5: study limitation and how this was mitigated (current line 20 to 34 of page 29). Could recall bias be a limitation in view of the long period of time covered by the study? If yes, please elaborate and provide mitigation measures that were taken.

R: we have restructured the discussion according to this recommendation as much as we could. At the end of the limitation paragraph, we also added a clarification about the recall bias.

C: Conclusion * This section has all the required elements and is very well written. However, the structure could be better organized as follow: o Paragraph 1: recap of the aims and objectives of
this study and whether the findings have addressed the objectives (current line 3 to 17 of page 30) o Paragraph 2: the authors need to make the recommendations of the study clearer and stronger; what should be done in practical terms to address the findings of this study? How, when who should implement the recommendations?

R: we have included response to your comment and strengthened the conclusion accordingly.