

BMJ - Decision on Manuscript ID BMJ.2018.046514

**Body:**

15-Sep-2018

Dear Ms. Simpson,

Thank you for sending us this paper and giving us the chance to consider your work.

We sent it out for external peer review and discussed it at the Analysis manuscript committee meeting on 13th September. Present were myself, Sam Parker, Paul Simpson, Wendy Graham, and Jackie Annis.

The reviewers make some critical comments about the presentation of this paper, however consider the piece does have potential for inclusion in this series and ultimate publication in BMJ. We can't offer publication in its current form but would like you to revise to address the reviewers' and editors' comments (below) and we will try to make a prompt decision on the revised version.

Please see below the two reviews, as well as two separate sets of editorial comments. For the latter, there are comments general to this series, as well as specific to this article. When revising, please try to constructively address all issues raised as best you can.

We suggest provisionally a revision deadline of 8th October. I do realise this is phenomenally tight however we want to give the pieces the best possible chance of consideration to time with the Partners' Forum. Either I or Paul would be happy to liaise with you to discuss deadlines and how to address reviewers' or editorial feedback on this timescale.

When submitting your revised manuscript please provide a point by point response to our comments and those of any reviewers. We also ask that you keep the revised manuscript within the word count of 3000 words.

Once you have revised your manuscript, go to <https://mc.manuscriptcentral.com/bmj> and login to your Author Center. Click on "Manuscripts with Decisions," and then click on "Create a Resubmission" located next to the manuscript number. Then, follow the steps for resubmitting your manuscript.

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IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

If accepted, your article will be published online at [bmj.com](http://bmj.com), the canonical form of the journal. Please note that only a proportion of accepted analysis articles will also be published in print.

I hope you will find the comments useful. Please don't hesitate to contact me if you wish to discuss this further.

Yours sincerely, Emma

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Associate Editor, The BMJ

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**\*\*IMPORTANT INFORMATION TO INCLUDE IN A RESUBMISSION**

**Key messages**

This is a box at the end of the article containing 2-4 single sentence bullet points summing up the main conclusions.

Instead of returning a signed licence or competing interest form, we require all authors to insert the following statements into the text version of their manuscript:

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The Corresponding Author has the right to grant on behalf of all authors and does grant on behalf of all authors, an exclusive licence (or non exclusive for government employees) on a worldwide basis to the BMJ Publishing Group Ltd to permit this article (if accepted) to be published in BMJ and any other BMJ PGL products and sublicences such use and exploit all subsidiary rights, as set out in our licence (<http://group.bmj.com/products/journals/instructions-for-authors/licence-forms>).

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<http://resources.bmj.com/bmj/authors/editorial-policies/competing-interests>. Please state any competing interests if they exist, or make a no competing interests declaration.

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**EDITORIAL TEAM RECOMMENDATIONS - GENERAL TO ENTIRE SERIES**

\*Across the series, we are asking authors to include a section titled "Author contributions" - some have already done this. Please include in the section a declaration of what each author contributed to the paper, eg stating if an individual wrote the first draft, contributed to editing/rewriting, contributed to data collection/ analysis, etc (other roles as needed)

\*Flow of each piece - some of the pieces have excellent flow however others don't address certain key areas or seem to 'jump around' and lack a logical flow for the reader. We suggest that pieces cover the following broad areas although each will need to be individualised and section titles modified as needed:

\*Country context and "problem framing" covering the specific health issue(s)/challenges being addressed and country-specific background

\*Description of programme, including evidence base feeding into its development and/or evidentiary underpinnings of the programme. May include for some 'theory of change' where relevant

\*Impact evaluation - most of the "data" for the paper will belong here - this should cite the Methods used to develop the piece

\*Methods used to conduct the SPECIFIC case study evaluation should be included as a supporting information file with each individual case study - the "generic" methods for the series of 12 case studies as a whole should be dropped, as this has confused reviewers and not provided clarity regarding the approach for the individual paper they are reviewing. Note papers should stand alone and be evaluable on the basis of the information provided with each piece

\*Description and analysis of insights derived from this case study as to the nature of how intersectoral collaboration was achieved

\*Limitations and challenges - this is a key element missing from many of the articles. This could be more in terms of "lessons learned"; "unaddressed challenges" or other framing but should highlight any key areas including, adverse effects of programming (potential or known), limitations in what data collection could be done hindering full understanding of programme effects, difficulties in achieving "success" in specific areas of the programme, factors (eg religious, cultural, legal frameworks) posing stumbling blocks to success etc

\*We are suggesting standardised titles, stating the country in which each study was done as well as target population and the intervention goals/health issue - eg: "A multisectoral collaboration to deliver essential adolescent nutrition interventions at schools" change to "Anaemia prevention and control in adolescent girls: a school-based multisectoral collaboration in Indonesia"

\*General recommendation - use boxes/figures/tables in a consistent way - sometimes these are used to pack in far too much information (actual content of the piece) rather than to illustrate. Suggest use boxes to pick out key messages or provide a clear summary of particular piece of info eg, programme content. Tables and figures to illustrate data that is being explained in the main article.

\*Please ensure articles can be understood as standalones; references to "this series", "this case study in the series" "other case studies" have been confusing to reviewers and would probably be so to readers as well

\*Conflict of interest statements - this is being raised across the series as a general point, as COI declarations are somewhat inconsistent between pieces. Some reviewers have highlighted that it would probably be considered a COI for authors who are employed by, or consultant to, the programme they are describing, to be evaluating it, and some papers have included this within their COI declaration but others not. Links to the Partners' forum are generally declared as COIs but not links with the actual work/programme that is being evaluated. Per BMJ policy (<https://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests>) we would ask for consistency across the series - as we were well aware of the links upfront these will not preclude publication, particularly since we are asking for pieces to be critical and self-reflective (and the self-scrutiny will be evident to readers) - however it would be appropriate for declarations to be consistent and in line with the policy.

\*Ethical oversight for any novel work presented in the papers - we recognise the vast majority of papers in the series are not presenting work that required ethical oversight. However for consistency across the series, it would be good for each paper to include a declaration of what ethical oversight was required for the original data collection that is reported - if none required, please state. Some papers have already done this, but it would be good for all to include it.

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#### EDITORIAL RECOMMENDATIONS - SPECIFIC TO THIS PAPER

\*Recommend in particular that points raised particularly by reviewer 1, in relation to the focus on indigenous rights and the global context re this, should be addressed a bit more clearly

\*Please also pay particular attention to reviewer 2's points about flow, organisation and focus - she seems to highlight (final point, highlighted red below) that the balance is "wrong" and should be reversed; more attention to what the Alliance is doing and less on "management" processes

\*Please note specifically the 'general' guidance above about limitations, challenges etc. For this piece the editorial team noted that although this article focusses on sexual and reproductive health, taking a rights-based approach, the issue of safe abortion as part of broader sexual and reproductive rights is not addressed, and it was unclear if this was part of the programme. We realise Guatemala has a legal framework which may preclude this however we do want the articles in the series to be reflective about major health challenges which they were unable to address and what the barriers were. Including a discussion of safe abortion and other sexual health services here would be valuable here even if some could not be included in the work done (if so, explain why not)

\*The editorial team felt they needed to understand more about the Ombudsman for Human Rights in Guatemala. This takes on a prominent role in the manuscript but may be unfamiliar for many readers so the role of this body could be summarised in some way

\*The scene setting in box1 could be better accomplished by integrating that information better into the opening text

\*In general use of boxes in this piece was not that effective and for some of these, the information would be better included concisely in the main text

\*URLs included as resources in the article should be removed, these can be given as citations instead (URLs can be cited in the reference list)

\*Per general guidance for the series, explanations such as: "This case study was developed following the PMNCH methodological approach described in the methods paper elsewhere in this volume" should be changed so that methods specific to this case study should instead be cited by referring to a supporting information file that provides the methods info specific to this work.

\*"Document review. Primary and secondary documentation and data were identified by ALIANMISAR and HEP+. That was further supplemented by searches by the international and national consultants." For most readers, it won't be very clear what an international or national consultant is. Suggest this role (document searches) can be stated in the 'author contributions' section we are asking to be included in

the papers across the series - and just state 'further supplemented by document searches as described in Methods [Supporting Information]'. - It will be clear this role was done by the authors.

\*Please include a standfirst

\*Please remove a), b), c) in subheadings

\*'Key Messages' should ideally summarise the entire paper rather than 'lessons learned'

\*Collaborative model pp2 onwards and figure – this is not that interesting for the reader – focus on the links between organisations or subparts of the organization, setup etc – this comes across as a distraction from the actual interesting part of the discussion about work done to improve health. Is this much presentation of what is essentially "Management structure" really needed? May be possible to cut this and save space for other important issues

\*Box2 – "vertical birth"- and this is expressed again later – this is a bit cryptic – what is meant by this? Is this meant, "giving birth standing up (or squatting)"? – as in a cultural tradition of giving birth in a particular position? The authors make a good case for ensuring that services are culturally appropriate and respectful, and ensure dignity for those who are accessing services – but they need to make sure they can't claim improvements on health outcomes if these aren't proven by the evidence

\*Box 3 – "advocacy wins" – this comes across as jargon somewhat. The most important parts of this are the statements that are made about improvements on health outcomes, eg on NMR and MMR. However the authors need to add references here so that it's clear that they can show NMR and MMR rates reduced with the new initiative. Ideally, need to see some statistics for the changes being described, together with references for the claim. And, if this is just time-trend data, needs to be clear that we can't be sure the developments led to the changes in mortality, since these could have been part of a wider secular trend or resulted from other changes in the region other than the specific initiative being reported.

\*Box4, youtube videos - not sure that it's OK to include these to back up the claims about "technical evidence"? If the claim is being made that vertical birth reduces health risks for maternal and child health, this needs to be backed up with proper high-quality scientific studies and ideally say what the outcomes are that are improved.

\*Little discussion in this piece about limitations, or challenges that were faced but could not easily address. Or things that were difficult for them to achieve, either because of how the collaboration worked or which were "intractable" on the ground. Therefore, the piece doesn't come across as circumspect or reflective enough. Although family planning is briefly discussed, safe abortion is not. It seems in Guatemala, abortion is illegal except where necessary to save the life of the mother. Did the collaboration consider the issue of access to safe abortion as a right for women, and the adverse consequences to womens' health if they do not have access to safe abortion? Would this come under the category of "challenges" – if, in this region it is not possible for collaborations such as this one to campaign on or work to provide abortion services, emergency contraception etc, because of the political environment, can the authors discuss that explicitly? What are the difficulties for groups such as ALIANMISAR in dealing with health issues that cannot be addressed because of political, religious, or other factors? Some inclusion of this would strengthen the piece.

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REVIEWERS:

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Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

Comments:

I applaud the authors for developing an interesting and important case study. The case presents important contextual information and lessons learned about addressing Indigenous women's health in Guatemala. The case provides strong contextual and historical information about the Alliance and provides a nice illustration of the structural, capacity and resource issues that make this a successful collaboration for improving Indigenous women's health. This case has some good learnings for other

audiences as well and hence why I think it makes a good contribution to the literature. Given the special issue guidelines and details provided about review and selection of the cases along with my review, I'm happy to recommend this be published subject to the revisions suggested. To help with the revisions of your case, I have provided comments divided among substantive and editorial areas. Overall and most importantly, I think the case could be more closely linked to the larger literature and political context of Indigenous health which I think would help strengthen its impact. Best of luck with your future research and practice.

#### Substantive/Organisational Comments

1. I think the introduction has a lot of good context and I also think could be strengthened in several ways. First, I think all of the context items (ALIANMISAR, maternal inequities, and the civil war) should be brought together and then discuss what is being done in this manuscript. Second, I'd like a bit of overview of the flow of the manuscript. As it is a case study, it is hard to know what to expect and I got lost in the flow at times.
2. The analysis of enabling factors section on p. 7 is a good one with a few minor suggestions:
  - a. I think this should be a major section of the manuscript and thus heading in all caps.
  - b. I'd avoid the bullet point list to being this section and just include in text as a), b), c) etc.
  - c. Point A, I wonder if these should be described as structures and not spaces. Regardless of word choice, it would be helpful to define/describe spaces.
  - d. Quotes should be introduced and connected to existing paragraphs (p. 11 lines 38-43; p. 12 lines 22-27).
3. The discussion includes some nice lessons learned. I have a few suggestions/questions:
  - a. On p 12-13, a comment is made that the successes of the collaboration are the result of a combination of enabling factors rather than just spaces. However, the presentation in the previous section was of items listed one-by-one. Can you talk more about these combinations? I can see it results from more than spaces (e.g., resources, capacity/existing networks) and yet this doesn't speak to combinations of these factors.
  - b. It is unclear whether the third paragraph of the discussion is a third lesson or what it is. It appears to be a call for future research/evaluation. I'd rather have this framed as a lesson for consistency, but also for applicability to other contexts.
4. Overall, I think more linkage with the larger context of health and Indigenous peoples could be made in this manuscript. For example, I think mention in the introduction and/or discussion about UNDRIP is needed (United National Declaration on the Rights of Indigenous Peoples). I also think connection to larger inequities worldwide might be helpful (e.g., Anderson et al., 2016; UNFPA <https://www.unfpa.org/resources/indigenous-womens-maternal-health-and-maternal-mortality>). Also, in discussion/conclusion, it might be helpful to link a bit more about these issues to other academic debates/discussions as your points connect to these larger conversations and might help illustrate concrete points (e.g., Gibson et al., 2015; Gracey & King, 2009; Oetzel et al., 2017). If word count is a constraint in including these issues, I'd cut down the boxed information or make that part of supplementary/on-line files.

#### Editorial Comments

Please note that I did not do a careful copy edit and these are just points I noticed as I revised the manuscript.

1. P. 1, line 13, the word inequalities is used. I think inequities is a better word choice here. This applies to box 1 as well and the rest of the manuscript.
2. P. 1, line 16, the second comma is needed
3. P. 1, line 26 there are two ands within the list. I suggest deleting the first one.
4. P. 1, line 34. The comma before citation 4 should be a period/full stop. The next sentence should start with "This case study....."
5. P. 2., line 36, I recommend capitalising Indigenous when referring to people much like you would a specific tribe or ethnic group. I am not repeating this for every use so apply throughout.
6. P. 3, line 12 (Box 2), remove 2nd they before the colon and add the word they to 1 and 2
7. P. 8, lines 2-11, the use of 3 URLs makes the sentence hard to read and follow. Couldn't there just be a single or perhaps 2 URLs at the end of the sentence?
8. P. 8, line 16, provide a semi-colon after regular basis and remove comma "...regular basis; for example, ...."

9. P. 8, line 29, the opening part "Continuity of presenting in the political space" could be deleted without any loss of meaning and make for a better sentence.
10. P. 9, line 38 either put a semi-colon rather than comma or say "...on the topic in order to raise awareness..."
11. P. 10, line 57 the quote that begins here and continues on the next page needs to be attributed to someone (even if just Female Volunteer or the like)
12. P. 25, line 2, should be identification OF the stakeholder's role.
13. P. 26, line 10, should be monitor's attendance
14. P. 26, lines 25-28. Sentence is awkward as the tasks being completed do not flow. Suggest a re-write of this sentence

#### References

I. Anderson, B. Robson, M. Connolly, F. Al-Yaman, E. Bjertness, A. King, et al., Indigenous and tribal peoples' health (The Lancet-Lowitja Institute Global Collaboration): a population study, *Lancet* 388 (2016) 131-157.

Gibson O, Lisy K, Davy C, Aromataris E, Kite E, Lockwood C, et al. Enablers and barriers to the implementation of primary health care interventions for Indigenous people with chronic diseases: a systematic review. *Implement Sci.* 2015; 10:71.

Gracey, M. & King M. Indigenous health part I: determinants and disease patterns. *Lancet* 2009; 374: 65-75.

J.G. Oetzel, N. Scott, M. Hudson, B. Masters-Awatere, M. Rarere, J. Foote, et al., Implementation framework for chronic disease intervention effectiveness in Maori and other Indigenous communities, *Globalization Health* 13 (2017) 69.

I have no completing interests in reviewing this manuscript: John Oetzel, University of Waikato

#### Additional Questions:

Please enter your name: John Oetzel

Job Title: Professor

Institution: University of Waikato

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests <A

href="http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests" target="\_new"> (please see BMJ policy) </a>please declare them here: N/A

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Reviewer: 2

Recommendation:

Comments:

Thank you for the opportunity to review this paper, the Alliance is clearly a valuable and strong movement for change, however the paper leaves too much of this to the reader's imagination.

General comments

In general I found this paper complicated to read and written in an indirect format which consistently deviates from explaining how the project may be improving indigenous women's health. The paper is also focused uncritically on the project and does not discuss limitations, potential or real health impact or consider how the project works within a wider context. While I recognise that the project is broad and complex, so therefore requires considerable detail, this could be better drawn together to give a more concise account of how the project operates -though some sort of a theory of change, although this would not have to be made explicit. Signposting would also help as would a much clearer and concise introduction, which really clearly describes that the paper is about.

It may be the case that read alone as rather than as one of a series, the paper will inevitably be somewhat confusing, in which case perhaps make a statement right at the beginning which situates the paper within the series. Whichever the case, signposting and restructuring as well as some concise paragraphs would help the reader extract the key messages from this text.

Specific comments.

The opening paragraph could start with a short concise statement of purpose.

The introduction section (pages 1-6) is also long and meandering, again an upfront paragraph or statement would prepare the reader for this lengthy model description.

Text boxes could be more concise and direct, for example use bullet points in table 1 instead of the lengthy sentence beginning 'A 2014 survey...'. Also this box is the statement of need, then some reference of the quality of healthcare provision for Mayan indigenous women, a very brief history to this -for example what is the political background to Indigenous health inequalities- would help. As it stands there is little clarity either in this box or anywhere in the opening pages that contextualises the project and clearly explains what problem it is addressing, beyond the issue of inequalities in health outcomes.

Figure 2 shows how the process works in practice. Where this is referenced in the text (line 28, p 3), include a one or two sentence statement summarising this process.

Box 2, p 5. Open with a statement describing the need for and meaning of cultural appropriateness in health, then go on to describe how ALIANMISAR does this.

Box 3 is lengthy and distracts from the key messages of this paper. Can it go in as a supplementary file? Or simply summarise.

Surely the analysis of enabling factors should be the key message in this paper. IE, what this process consists of and how it works. Again here clearer signposting, an opening statement about what this is about.

Paragraph 2, p 8 regarding letters of agreement is wordy and excessive- deviating from saying concisely what is required to understand the process.

Box 4, p 9, there are 3 references to You Tube videos. Could these be put elsewhere and the box content shortened?

Page 9/10, c) Resourcing: technical and financial -start with clear concise sentences describing what this is rather than leaving it to reader to try and work out.

Final comments.

In general I found it difficult to grasp the theory of change that this paper is attempting to put forward. While this does not need to be explicitly written as a theory of change, there needs to be a clear understanding of the value of this work, what it is addressing and its impact. There is a lot of space dedicated to the Alliance, but less to the structure of how this is working and improving lives. If this balance were reversed the paper would be more informative from a public health perspective.

Additional Questions:

Please enter your name: Jennie Gamlin

Job Title: Wellcome Trust Senior Research Fellow

Institution: University College London

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests <A

href='http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests'target='\_new'> (please see BMJ policy) </a>please declare them here: None

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**Date Sent:**

15-Sep-2018