Author responses to editor and reviewers' comments
Tackling the politics of intersectoral action for the health of people and planet

	REVIEW COMMENT	AUTHOR RESPONSE
	Editor notes (in decision email)	
1	The paper is generally in good shape but there is a fair amount of jargon and you assume agreement with ISA. We also ask that you keep the revised manuscript within the word count of 1800-2000 words.	Point 1. We recognise the need for this analysis to be accessible to a generalist reader so, where acronyms required we have added an explanation of how we are defining and using (e.g. ISA), and in this revision have also sought to further clarify (e.g. around terms such as 'executive leadership') and remove text where not possible to do so within the word count limitations (as with the section concerned with 'learning by doing'). Point 2. We do assume agreement with ISA and have now added the following line reflective of this on p.3: ISA builds on a legacy of intersectional action addressing the social determinants of health, often through health-in-all-policy approaches, which we consider key to addressing the joint determinants of climate and health. Point 3 on word count. Given the complexity of the topic and emerging literature, James Ross (Editorial Production Editor) granted permission for us to run at 10% over word count (as well as cited references).
	Reviewer #1	
1	This is a timely and well-written analysis of the politics of intersectoral action in the area of cllimate change and health. The author review the barriers and facilitators of intersectoral action (ISA) for health, a concept close to "health in all policies", and apply a political science perspective to derive lessons for ISA as related to climate and health. The paper meets the requirements for the Analysis section in BMJ (building on a balanced review of knowledge while analysing and contextualising the underlying "data" or "information" appropriately). Following minor revisions the piece would make a meaningful contribution to widespread, but often	Thanks so much for taking the time to make these helpful reflections and suggestions! Agree with the consideration that the call to think and act more politically on ISA is more generally applicable beyond health and climate.

	unreflected and "buzzword-like", calls for ISA to tackle the challenges related to climate and health. I very much agree with the authors that the 'how' of making ISA work for climate and health hinges on thinking politically about it. The same may be true for ISA in other areas as well so the piece may have an added value beyond the field of climate and health. I suggest the following minor revisions:	
2	The key-messages currently focus strongly on the role of social movements and civil society, but the main text (e.g. pages 7-10 under "Applying a ...to ISA facilitators" or "Going Forward" mentions several other important components of successful ISA or requirements therefore. I suggest the authors revise the key-messages to reflect better the main text and align with some elements mention there.	We gave more prominence to social movements in the messages as we think that the political incentives to generate ISA will ultimately come from external demands on political leaders. We have now also included the following additional components of the need for a shared inspiring vision from an inspired executive leadership in message #4: Going forward, the key to unlocking the potential for ISA will be visionary agents in executive positions, defining ambitious, long-term and shared goals, motivated to action by the climate movement with its young, growing and politicised membership, and held to account by independent monitoring arrangements linked to existing political processes.
3	Agreeing that social movements (and the other facilitators) are key to effective ISA, I would like to authors to reflect a bit more on the role of legislation or public (health) law in the area of ISA for climate health. Whil social movements have played (and will play) crucial roles to mobilise political will and challenge the two Is of ideology and interests, their effectiveness depends on the "tipping point" of how they manage to channel their claims into the instutions (the third I) and how their claims resonate with existing normative/legal frameworks, which function as basis for public policies in many societies. The role of legislation is at the moment (surprisingly) small and I wonder if this reflects the literature, or the view of the authors, or both.	We agree that legislation is critical in channeling and coalescing demands in the institutional realm but also key to ensuring compliance and accountability. Our initial submission only had two passing references to legislation. We now reinforced this point in both the accountability and in the 'Going Forward' sections on pages 9 and 10 as follows: Legislation in support of ISA, often in response to political mobilisation, can have a similar effect as it draws on established mechanisms in government to ensure accountability, and moreover can have a lasting effect beyond any particular administration. From the top, a more systematic approach with clearer articulation of which ministries should initiate and lead on different ISAs on climate-health issues is critical, not least so relevant actors can be held accountable, including by civil society. Nonetheless, if ISA is to be

		effective in different contexts, global concepts like Net Zero and forest loss need to be translated to local situations with context-specific ISA solutions. And for sustained climate-health ISA it will be critical that the current demands are channelled into legislation. Litigation can help to advance mitigation action and about 1000 cases have been brought worldwide between 2015-2021
4	Page 5, line 11: the authors refer to their review as "rapid literature review". In view of the approach described in the footnote, I suggest the authors refer to their review as "pragmatic review" to avoid confusions with more established methods of rapid (systematic) reviews (which would require in my view more rigour than described in the footnote). I also think the time perspective (rapid) does not play a role here and doubt that 18,100 papers can be rapidly reviewed, unless being pragmatic about inclusion/exclusion and unless abondoning the rigourous steps required for (higher-quality) rapid systematic reviews. Hence, pragmatic review seems more appropriate to me (or: "pragmatic, but comprehensive review" to reflect that they have considered a wide range of papers) to decide if this is acceptable or if revisions are needed.	This is a good suggestion. We also were not sure how to describe our review which was not systematic nor did it attempt to weigh the strength of the evidence (which is exceedingly difficult with this literature).

We will adopt proposed terminology of 'pragmatic review'. |
| 5 | The paper appropriately frames the climate-health nexus as emergency. I wonder what lessons, if any, could be learned from the COVID-19 pandemic on ISA for health, as this emergency sparked ISA in many sectors of society to mitigate the virus transmission and for health reasons. Are there any lessons that could be learnt? And what difference makes the nature of the emergency (COVID-19 with immediately visible effects in case of exponential growth vs. climate change and environmental degradation as "chronic" emergency with a time perspective covering current but also future generations). What role does the time-perspective play from a political (science) perspective, given that most people find it hard to think in time-perspectives beyond their own generation, and political leadership thinks in time-frames of electoral campaigns. This links back to the above question of the role of legislation in ensuring sustainable/long-term commitment to ISA for climate and health. | There are a number of useful reflections here.

We agree that much can be learned from COVID-related ISA. We are not yet aware of any literature on this topic. Given the word length, and given the lack of published experience, we will not refer to lessons, even though we agree this will be important in the future.

In relation to the comment on time frames, the submitted paper p.5, lines 47-49 has some text to this effect ('The long timeframes and complexity involved can dissuade leaders from spending political capital on ISA'.). We had a longer treatment in a draft but cut given challenges with word length. While we agree that this point is material, we feel we have alluded to the point sufficiently given the word constraints.

We have linked the issue of long-term commitment and sustainability of ISA to legislation as proposed (see above |

		comment and proposed revision)
6	Box1 : mentions mitigation and adaption, but no reference to needed transformation. Needs reflection, or justification why.	Thank you for noting this crucial component of climate action. We agree that it should be reflected and so have added the following (along with supporting reference) to Box 1. We trust this is adequate: 'In order to reduce the health effects of climate change both adaptation and mitigation are required, but to be effective they must be transformational in approach, targeting the political and economic systems that maintain the status quo.'
7	Word count: the piece slightly exceeds the recommended word limits of 1800-2000 words, but there are no redundacies or unnecessary text elements. The editors need to decide if the piece is within the acceptable word limits, otherwise bits and pices could be condensed.	Given the complexity of the topic and emerging literature, James Ross (Editorial Production Editor) granted permission for us to run at 10% over word count (as well as cited references).
8	References: currently 35, recommended 20. Editors needs to decide if this is acceptable or if revisions are needed	As above - James suggested some latitude to include additional endnotes. If they are deemed too many by the editor, we will identify some to cut.
	Reviewer #2	Thanks so kindly for the careful review and the suggestions
1	Thanks for the invitation to review this paper. The work is timely and will add important knowledge. I like the presentation and the focus on lessons from cases and the literature. I added detailed comments in an attached pdf (i can provide this), which I also lay out below. I have of course built my critigue on my own work in this space for the past decade, so pls forgive me for referring to some of my own papers (for content not hubris!). I have a few big issues, then detailed suggestions follow. The main weakness is the 'method'. The lit review is very problematic - 'examples' as a keyword, or 'environment' - both don't mean much and would have blown out the number of papers retrieved. Also I did not see anything about how you came up with the cases. I don't think this detracts from the findings but is an issue for rigour. Perhaps be honest that the papers and cases were not systematically reviewed or developed but nevertheless helped with the findings presented. The paper needs better focus on power and instititions. This is where I have suggested citing some specific work	Point 1. Thank you for highlighting the need to clarify nature and scope of the methods. As mentioned above, we will refer to our search as pragmatic Please note that the search was meant to serve a few purposes and was not intended to be systematic. We wanted to identify some relevant case studies from both environment and health, have examples at different levels and for country and municipal to have representation of low- middle- and high-income countries. We also used the search to find analytical work on ISA related to the environment sector (we were already familiar with analytical health literature). We conducted the search again adjusting the search strategy with and without reference to the term examples. We found we got quite similar results. For transparency (and replicability) here are the search terms we have used and have now updated in the relevant footnote on page 5:

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from me and others on this. I think perhaps a new box (3) would help navigate what power is and how this crosses institutions in terms of ISA. Essentially power works through actors, structures and ideas which is connected to but a bit more nuanced than 'III's because it brings in different levels, areas of attention (power over, power with for instance), different venues for challenging power and institutions and so forth. You refer to these throughout the findings but they are not grounded in the literature about politics and health (equity) which would help.

Specific comments are as follows:

"political" OR "politics" OR "environment" OR "environmental" + "cross sector" OR "multi sector" OR "intersectoral"

We also propose the following revisions (in red) to the methodology footnote for purposes of clarification on page 5:

We purposefully identified case studies for inclusion in Table 2 by using Google Scholar to search for articles published between 2011 and 2021 using the search terms "political" OR "politics" OR "environment" OR "environmental" + "cross sector" OR "multi sector" OR "intersectoral" to identify empirical, review and theoretical papers on the facilitators and barriers of ISA. The search returned 17300 papers. MVDM identified potential case studies by scanning the listing to read the title and displayed sentences, and selecting those that indicated an examination of political factors in ISA of either health or environmental spaces. Additional cases were identified through a Delphi process based on the authors' expertise and experience. Similarly, author expertise was used to identify relevant literature to develop the political framework for ISA and population and planetary health.

In relation to the selection of case studies for table two we have now explicitly stated that they were purposefully selected on page 5, ll.14-19 'Table 2 presents a purposefully selected set of case studies, referred to in the analysis, demonstrating these facilitators and barriers at different levels in diverse geographical settings'

Point 2. We agree that power is central to this discussion on the politics of ISA and that it is exercised by interest groups through ideas and institutions. Some of the authors have written about the concept and practice of power in health policy for decades. Our original submission referred to the concept of power five times in passing as we thought that was sufficient.

In response to the reviewer we decided that the best way to indicate that power is pervasive throughout the conduct of ISA, we have added the following to Box 2 which presents the conceptual framework on politics of ISA:

		In considering ISA it is important to ascertain the underlying distribution and exercise of power by those involved. Hence, the extent to which ISA facilitators can be realised and barriers overcome depends on the associated political dynamics (defined by Laswell as 'who gets what, when, how') We hope that this is considered adequate. If the editors want a citation as suggested by the reviewer, we could add *Making Health Policy* which is directed at a general readership and devotes a chapter to power in health policy processes.
2	P 1 Key messages: Need a bit on scientific evidence here. Basically that technocratic evidence has failed to shift the political dial meaningfully and in the required time.	Good point. We have amended key message three as follows (in red): .Literature from the fields of health, climate, sustainability, governance, political science, and public administration all point to a set of common barriers including outdated institutions, the influence of vested interests and the limited ability of evidence and technocratic approaches on their own to shift the political dial.' Enablers include political demands arising from the social movements that are pressuring governments to confront climate breakdown and its impacts on human health in an integrated way.
3	P 2: contributions. What is 'thought leadership' - what did these people bring exactly?	Suggest replacing 'thought leadership' with the following: 'In addition to project management, Alden and van der Meulen's experience in communications and engagement further strengthened the messaging.'
4	P 3 box 1: Box one is not very good at talking about scale or what is required beyond technical evidence. Ok to present but unless there is info about political engagement to achieve ISA then it is missing something.	This box was intended to educate readers who might not be familiar with key climate-related terms. We thought it was necessary for the generalist reader. We have not amended. Perhaps the editor has views on this suggestion.
5	P. 4 Box 2: Weiss is interesting because she focussed in on evaluation - you have missed her focus but it is important to think about because her focus was on evidence and the institutional politics surrounding evidence. P. 4 box 2: Here is my point about power and institutions.	Point 1. With apologies - an incorrect Weiss reference was used - we have now corrected the reference with the publication on which the framework draws. Point 2. See above how we have proposed to deal more explicitly with power even if we do not get into the

	There has been a lot of recent work about institutions and power too, but this emphasises 'Actors, structures and ideas' - this overlaps with the three I's but adds important essential components. You could have a footnote here saying something about that, or even a new box - see Harris, Wilson, Friel, BMJ open 2015 (for actors structures ideas), Harris et al, 2020 JECH, and Friel et al, 2021 SSM (both for power and institutions as actors, structures, ideas).	question of institutions as actors (which would be confusing as we use institutions as per Peter John as rules of the game (of course we would acknowledge that institutions do also have and exercise power)) but this would be difficult to explain within the word length of this piece.
6	P. 6 - Para 1, barriers and facilitators: - This is pretty loose in terms of a systematic approach and seems to depend on your interpretation and experience rather than a systematic process of review. I'm not that bothered by this but other readers might be especially those who think social science is spurious - One of the big problems facing ISA is limited articulation about what is sought to be influenced. So what is the goal (health equity seems the best aspiration to drive action), what are the mechanisms (politics, policy processes and instruments?) - It would help the reader to explain that Table 1 provides headings which will be expanded on - this will help explain the unclear headings in table 1. Also Table 2 comes quite a bit further in the text - Headings problems: 'Inadequate' seems too loose - what is adequacy? Learning by doing is jargon (see below also) P. 6 para 1. De Leeuw's review is about the governance behind HIAP not 'HiAP' as you suggest. Pls amend. (Noting here that you zero in on politics and power as crucial)	Point 1. Different reviews and analysts have proposed a range of analytical categories for barriers and facilitators of ISA. Some propose a small number of high-level, all-encompassing ones while others propose numerous detailed categories. We have used our expert judgement and taken a middle ground to identify a manageable number of factors which reflect existing categories in literature. We accept that this was not systematic. Propose updating current wording on p.5, ll. 11-13 to: We conducted a pragmatic review. Analysts present a wide variety of barriers and opportunities and we grouped them in a manageable number thematically (Table 1). Point 2. We agree, but it is not clear how our paper could deal with this beyond saying that the goal is about improving health of people and planet. We have not amended the text. Point 3. We think text is clear but for ease suggest Table 2 be brought up under Table 1 as suggested. We have included text' insert Table 2 here; for ease of the production team. Point 4. Re 'inadequate' seemed to capture deficiencies in leadership and is synonymous with 'weak' or 'poor' (but the latter two seemed less precise so suggest retaining 'inadequate'). Point 5. Yes, we will include the word governance, on page 6 to be: …of the governance supporting Health in All Policies

		(HiAPs) found…
7	P. 6 para 2. It is not enough to say that there is an 'increasing' imbalance of economic power. This has always been the case - think the Victorian age, or feudalism - the problem is that this is coming around again and may repeat the mistakes of the past as well as create new ones like the climate catastrophe. But also means we can learn from the past especially by taking on institutions to support climate action.	Fair point. We have amended as follows: p.6, ll. 17-22 With the imbalance of economic power between government and industry (corporations now comprise the majority of the world's 100 largest economies), leadership for effective regulation to address critical public issues across multiple sectors is increasingly challenging and inadequate.
8	P 6 final para: This point about HiAP is well made but needs a solution. In my view (see Harris and Wise, 2020 Oxford healthy public policy bibliography) healthy public policy is less naive and links back into the history of public health thought and evidence better. The point is that health in all policies might be a good rallying cry within health sector but really doesn't get at the goals and strategies needed to shift action. See some of Paul Cairney's very good recent writing about this. The focus, like healthy public policy, ought to be 'Public Policy', not 'Health in all...' (what does that mean anyway?). Public policy has a much longer lineage to draw on as well.	This is a useful reminder for a paper that purports to be on the 'how'. However, given the way that we have structured the paper, it perhaps makes more sense to come to the solution in the final section. We have brought this point in on page 10 with following language: And it is evident that sectoral leadership would be more responsive to ISA if inspired by the vision of what ISA can deliver—a vision that transcends the insular mantras and priorities of any given sector ('Inherit' case; Table 2).
9	P. 7 'Executive leadership': Important but also need leadership across organisations - executive might press for something but unless is awareness and capacity and skills across the organisation then action is limited or maybe flawed.	We used the term 'executive leadership' to denote leadership that transcends ministries and within ministries across departments. We took that as a given. We have adjusted text on page 7to make it more explicit. Executive leadership (i.e. leadership that transcends ministries, sectors and/or departments), exercised at all levels, constitutes a critical facilitator
10	P. 8: LBD: What is this? Action focussed learning about real world problems? While building capacity for future action?	On reflection, and given word limitations, we have removed the 'learning by doing' (LBD) facilitator section.
11	P. 8 Networks supporting HiAP - does not seem to be about LBD as is presented. Needs more.	We have removed the section on LBD as we do not feel there is sufficient space to expand on this facilitator.
	P. 8 Blurred accountability. This seems weird. Accountability is needed but so is flexibility. Blurred accountability won't achieve anything and even plays into	We agree that the formulation could have been interpreted in different ways. We have sought to clarify as well as bring in the point on clear goals as suggested by

	existing institutional path dependencies (I have recently found this to be the case - Harris et al, health and place, 2022, also Friel et al, 2021 SSM). Clear goals are provided by legislation and policy. Then to get things done requires flexibility, especially governance, supporting purposeful action over time. There is lots of great writing in the governance literature about this which you could include (referenced in my 2022 paper).	the reviewer as follows on page 9: Poorly conceived ISA can lead to blurred lines of accountability, which can be mitigated with clear goals, an explicit division of labour and integrated accountability wherein the contributions of different sectors are considered holistically.
12	P. 9 'going forward' first para: This is why a good understanding of power is necessary - top down and bottom up. To make ISA happen for climate and health you need both and action and multiple layers of institutions (See harris and friel refs noted above)	Yes, good point. And given changes to the manuscript based on the above comments, we hope that this has been addressed.