

11-Jan-2022

BMJ-2021-068124

Tackling the politics of intersectoral action for the health of people and planet

Dear Prof. Buse,

Thank you for sending us this paper and giving us the chance to consider your work. We sent it out for external peer review.

Unfortunately we do not consider it suitable for publication in its present form. However if you are able to amend it in the light of our and/or reviewers' comments, we would be happy to consider it again.

The reviewers' comments are at the end of this letter.

The editors' comments are listed below:

1 The paper is generally in good shape but there is a fair amount of jargon, and you assume agreement with ISA. You need to address both those points or you risk losing general readers

We hope that you will be willing to revise your manuscript and submit it by Friday 14th January. 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 1800-2000 words.

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

Yours sincerely,

Kamran Abbasi
kabbasi@bmj.com

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Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

Comments:

This is a timely and well-written analysis of the politics of intersectoral action in the area of climate 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 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:

- 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 mentioned there.
- 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. While 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 institutions (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.
- 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 abandoning the rigorous 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)

- 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.

- Box1 : mentions mitigation and adaption, but no reference to needed transformation. Needs reflection, or justification why.

- Word count: the piece slightly exceeds the recommended word limits of 1800-2000 words, but there are no redundancies or unnecessary text elements. The editors need to decide if the piece is within the acceptable word limits, otherwise bits and pieces could be condensed.

- References: currently 35, recommended 20. Editors needs to decide if this is acceptable or if revisions are needed.

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Recommendation:

Comments:

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 critique 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 institutions. This is where I have suggested citing some specific work 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:

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.

P 2: contributions. What is 'thought leadership' - what did these people bring exactly?

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.

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. 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).

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)

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.

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.

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.

P. 8: LBD: What is this? Action focussed learning about real world problems? While building capacity for future action?

P. 8 Networks supporting HiAP - does not seem to be about LBD as is presented. Needs more.

P. 8 Blurred accountability. This seems weird. Accountability is needed but so is flexibility. Blurred accountability won't achieve anything and even plays into 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).

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)

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