

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Creating political priority for micronutrient deficiencies: A qualitative case study from Senegal
<b>AUTHORS</b>	Balarajan, Yarlini

### VERSION 1 - REVIEW

<b>REVIEWER</b>	ERICK BOY IFPRI USA
<b>REVIEW RETURNED</b>	28-Feb-2014

- The reviewer provided a PDF copy of the manuscript with highlighted comments. Please contact the Publisher for full details about this.

<b>REVIEWER</b>	Robert Geneau International Development Research Centre, Canada
<b>REVIEW RETURNED</b>	17-Mar-2014

<b>GENERAL COMMENTS</b>	<p>This is a coherent and well-written paper about an important global health issue. While I don't see major weaknesses in any section of the paper I would like to share the following comments/suggestions with the author:</p> <ul style="list-style-type: none"><li>- In the background section I feel that it would be important to summarize briefly the magnitude of the problem (MND) in Senegal (the case under study). This would help the readers to place into perspective some of the material presented in the results section.</li><li>- A box could be added with a list of proven cost-effective interventions for tackling MNDs- the author could highlight the ones adopted/implemented (including failed attempts) in Senegal.</li><li>- In discussing the limitations of a qualitative case study the author mentions the lack of generalizability of the results. The emphasis should be on the notion of transferability (see Seale and others), hence the importance of the two points above in order to provide a more in-depth description of the case.</li><li>- The use of Kingdon's model is adequate but in the discussion section there should be space for some theoretical triangulation (the author could use less words in summarizing the study findings). The 2003 working paper by Court and Young (Overseas Development Institute) highlighted some of the gaps in Kingdon's theory.</li></ul>
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	<p>- There have been new public-private partnerships for MCH and for tackling under-nutrition. It does not seem like the private sector was included as “external stakeholders” and in the discussion section the author briefly discusses the issue of global influences and the donor agendas but without any explicit reference to the private sector (whether public-private partnerships are good or bad is debatable, but there are implications for the MND agenda).</p> <p>- Perhaps the main weakness of the discussion section, from my perspective, is the way forward presented by the author at the end of the paper. This is a rather vague list of recommendations and I feel that these recommendations could have been written before data collection and analysis just on the basis of current literature. If there is nothing more insightful directly emerging from the empirical material to inform/prioritize actions related to the MND agenda then the author might be better served by offering a critical look at “silos” within the health (and development) agenda- going back to Shiffman and Smith and expanding briefly on this to close that loop opened in the introduction section. For every disease (or group of diseases) and risk factor there is a group of academics and NGOs that will advocate to raise the political profile of “their” issue. There are advantages to this- these issues are complex and it is easier to compartmentalize than to be part of a large coalition trying to push a multifaceted and comprehensive agenda all at once. Yet, we know that this is not a zero sum game and that the varying degrees of interconnectedness between the different health and development challenges is a reality that calls for more integration and for more interventions that offer co-benefits. In many developing countries we now see the co-existence of under-nutrition and over-nutrition, sometimes in the same community or even the same household (and the prevalence of MNDs is higher in obese individuals). Should we keep the current policy silos around MNDs, obesity, etc. and tackle to double burden of malnutrition through completely separate policy agendas and programs? Since the last part of the paper is forward-looking it would seem appropriate to least raise these issues and questions.</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name ERICK BOY

Institution and Country IFPRI

USA

Please state any competing interests or state ‘None declared’: NONE DECLARED

Please see attached file.

Thank you for the helpful comments on this paper. Responses to specific comments entered in comment boxes in the PDF are listed below. The suggested minor editorial changes have also been incorporated in the text.

Abstract

Page 3: Wording of the abstract

Response: Thank you for the comments on the abstract. This section has been revised. The factors listed reflect how the themes were elicited during the interviews, therefore the suggestion to add a

lack of a political strategy to advance prioritization of MNDs was not included. As indicated in the reviewer's comment box, there is interaction between the facilitating and impeding factors identified.

#### Introduction

Page 4: Hidden hunger

hidden refers mainly to the larger proportion of subclinical disorders associated with MNDs ("clinical" being only the tip of the iceberg of MNDDs). The "hidden" part also refers to the fact that the disorders are typically not clinical and therefore escape detection by clinicians and even public health practitioners.

Response: This sentence has been rewritten to make this comment about the hiddenness of MNDs clearer.

Economics and finance? Other sectors? N&H could be a very myopic view of the issue

Response: Thank you for this comment. It would have been useful to include analysis of other sectors in this study. However, the scope of this exploratory study was, as stated, was to see how key experts working in fields of nutrition and health perceive the level of political priority afforded to MNDs. Future studies could expand to include sectors, such as finance, agriculture, water, sanitation and hygiene, education. In the limitations section of the discussion a sentence has been added to address this comment.

#### Results

Page 9:

[A sentence was highlighted but there is no comment]

Page 14:

delete phrase. MNDs are largely insidious, not the symptoms and signs (it is the lack of s & s that characterize MNDDs)

Response: This phrase has been deleted.

#### Discussion

Page 20:

awareness has been raised with advocacy around DALYs and the economic cost of MNDs; however, sustaining this interest overtime has been a challenge because the demonstration of persistence or success over the problem is marred by lack of resources to assess impact timely and credibly except for the now rare cases of xerophthalmia blindness and perhaps neonatal cretinism!

Response: This section of the discussion has been rewritten to address the comments above.

general for a country case-study. to be really useful, can this be made more specific as to the type, sector, etc of the ideal champion for Senegal given the special insights that the author seems to have?

Response: Thank you for this comment. The discussion has been revised following the comments of Reviewer 2.

Reviewer: 2

Reviewer Name Robert Geneau

Institution and Country International Development Research Centre, Canada

Please state any competing interests or state 'None declared': None declared.

This is a good paper without major flaws but in terms of a contribution to the field as a stand-alone paper (e.g. as opposed to being part of a series on MNDs) the added value is perhaps limited.

This is a coherent and well-written paper about an important global health issue. While I don't see major weaknesses in any section of the paper I would like to share the following

comments/suggestions with the author:

Response: Thank you for the helpful comments on this paper, especially those relating to the discussion. Responses to specific comments are listed below.

- In the background section I feel that it would be important to summarize briefly the magnitude of the problem (MND) in Senegal (the case under study). This would help the readers to place into perspective some of the material presented in the results section.

Response: Thank you for this suggestion. A sentence has been added to the introduction presenting key standard micronutrient coverage indicators available from the latest 2010-11 Senegal Demographic and Health and Multiple Indicator Cluster Survey (DHS-MICS).

- A box could be added with a list of proven cost-effective interventions for tackling MNDs- the author could highlight the ones adopted/implemented (including failed attempts) in Senegal.

Response: Thank you for this suggestion. A decision was made not to include such a table for this paper, partly because the guidance has changed since this study was conducted.

- In discussing the limitations of a qualitative case study the author mentions the lack of generalizability of the results. The emphasis should be on the notion of transferability (see Seale and others), hence the importance of the two points above in order to provide a more in-depth description of the case.

Response: Thank you for raising this point and sharing the reference. In response, in addition to providing more details about the context of the case, the limitations part of the discussion has now been revised.

- The use of Kingdon's model is adequate but in the discussion section there should be space for some theoretical triangulation (the author could use less words in summarizing the study findings). The 2003 working paper by Court and Young (Overseas Development Institute) highlighted some of the gaps in Kingdon's theory.

Response: I agree that there are some limitations of Kingdon's theory, especially its applicability to low and middle-income countries. However, despite the limitations, the model does provide a helpful way to analyze the findings. In response to the comment, a section of the discussion has been rewritten to include the limitations of Kingdon's theory, (which includes reference to Court and Young), also highlighting other theoretical frameworks that have been used in the field. The new final paragraph also relates to this comment.

- There have been new public-private partnerships for MCH and for tackling under-nutrition. It does not seem like the private sector was included as "external stakeholders" and in the discussion section the author briefly discusses the issue of global influences and the donor agendas but without any explicit reference to the private sector (whether public-private partnerships are good or bad is debatable, but there are implications for the MND agenda).

Response: Thank you for the comment. The private sector and public-private partnerships are particularly important for the MND agenda. Unfortunately, representatives from the private sector, although identified specifically during snowball sampling were not available for interview at the time, and therefore not included in the study (although interviewed public stakeholders did discuss the role of the private sector as discussed). In response, a sentence noting this limitation has been added to the discussion section and an explicit reference has been made to the private sector in MNDs.

- Perhaps the main weakness of the discussion section, from my perspective, is the way forward presented by the author at the end of the paper. This is a rather vague list of recommendations and I feel that these recommendations could have been written before data collection and analysis just on the basis of current literature. If there is nothing more insightful directly emerging from the empirical

material to inform/prioritize actions related to the MND agenda then the author might be better served by offering a critical look at “silos” within the health (and development) agenda- going back to Shiffman and Smith and expanding briefly on this to close that loop opened in the introduction section. For every disease (or group of diseases) and risk factor there is a group of academics and NGOs that will advocate to raise the political profile of “their” issue. There are advantages to this- these issues are complex and it is easier to compartmentalize than to be part of a large coalition trying to push a multifaceted and comprehensive agenda all at once. Yet, we know that this is not a zero sum game and that the varying degrees of interconnectedness between the different health and development challenges is a reality that calls for more integration and for more interventions that offer co-benefits. In many developing countries we now see the co-existence of under-nutrition and over-nutrition, sometimes in the same community or even the same household (and the prevalence of MNDs is higher in obese individuals). Should we keep the current policy silos around MNDs, obesity, etc. and tackle to double burden of malnutrition through completely separate policy agendas and programs? Since the last part of the paper is forward-looking it would seem appropriate to least raise these issues and questions.

Response: Thank you for these comments and suggestions. In response, the discussion section has been significantly revised to raise the issues described above in ‘the way forward.’