

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Intersectoral and integrated approaches in achieving the right to health for refugees upon resettlement: A scoping review
<b>AUTHORS</b>	Ho, Shirley; Javadi, Dena; Causevic, Sara; Langlois, Etienne V.; Friberg, Peter; Tomson, Göran

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Dr Julia Anaf Flinders University, South Australia
<b>REVIEW RETURNED</b>	10-Feb-2019

<b>GENERAL COMMENTS</b>	<p>This paper discusses the findings from the proposed scoping review [ as reported on in Javadi D, et al. BMJ Open 2017;7:e016638. doi:10.1136/bmjopen-2017-016638]. The rationale for this research was the global insecurity and climate change that are exacerbating the need for improved refugee services.</p> <p>The findings in the current article clearly reflect the methods that had been established in the above paper: using a scoping review to identify the barriers and enablers, process and actors involved, and leveraging intersectoral action to protect refugees' right to health .</p> <p>The methods section clearly outlines the study design and the two frameworks used to help address the research questions. The flowchart (Figure 1) is a helpful overview.</p> <p>The results are clearly articulated, identifying the low number of studies meeting the inclusion criteria. Table 1 is a useful summary of countries represented, and Table 2 provides the reader with a succinct summary of the interventions, barriers and facilitators outlined in the relevant country literature.</p> <p>The discussion section is a helpful elaboration of the findings, and also identifies the research limitations as well as the potential for important future research.</p> <p>The conclusion section provides key policy insights towards the intersectoral collaboration and better integration of services that are needed to protect the health and wellbeing of refugees upon resettlement.</p> <p>Given the many millions of refugees worldwide, this research offers important insights on how best to respond to meet their best interests.</p>
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<b>REVIEWER</b>	Ricardo Batista Ottawa Hospital Research Institute, University of Ottawa
<b>REVIEW RETURNED</b>	12-Feb-2019

<b>GENERAL COMMENTS</b>	<p>This manuscript presents the results of a scoping review exploring the barriers and facilitators to the integration of health services for refugees, and the extent to which intersectoral approaches are leveraged to protect refugees' right to health on resettlement.</p> <p>The topic is very relevant in the current global context of the marked influx of refugees in some regions, particularly for refugees receiving countries worldwide. Also, the use of intersectoral and integrated approaches is essential to address issues related to refugees and other vulnerable populations and to provide appropriate services that respond to their needs. Thus, this study could be very valuable to that end.</p> <p>However, there are some aspects that should be reviewed to improve the presentation and communication of the results.</p> <p><b>Abstract.</b> The statement "Limited evidence was found overall" in the Results seems more like a general conclusion of the review. The Conclusion section lists the key 'policy insights', which seems rather part of the results. A statement that summarizes the overall findings of the review would be more relevant here (like the first sentence of the results). Also, a brief note on the policy implications of these findings and the need for future research to address the limitations of this study is missing here.</p> <p><b>Introduction.</b> As refugees can be considered a category of migrant, perhaps a better characterization in the definition of refugee "Different to other types of "migrant," "refugees" are ...."</p> <p><b>Methods</b> The authors specified that the detailed methods were published in the protocol and provide a summary of the methodology. However, I think that this section could be revised and simplified by abridging some elements already described in the protocol (e.g. the two frameworks description can be shortened, the time period is repeated). Then there are key points that are worth to include in the summary of the methods for this paper, such as the specific search terms used in the search strategy.</p> <p>Also, some elements of the actual completion of the review should be further explained. For example, the data abstraction process and the analysis of the results should be better described. Was a software or tool used (the protocol mentioned the use of NVivo for this review)? How the studies were organized and categorized for analysis? (type of studies, country, type of intervention, barriers/facilitators, outcomes, frameworks' components??) How the thematic analysis approach was applied (inductive, deductive way)? References should be included as required. How were the analysis and interpretation performed? These are essential methodological aspects that will help the reader to understand these processes were carried out when conducting the review.</p> <p>In the exclusion criteria, there seems to also indicate criteria for inclusion. ("Implementation research and operations research studies were eligible as well as studies or reports outlining stakeholder experiences and plans"; page 7, end of 1st paragraph) Please revise this section.</p> <p>In the flowchart:</p> <ul style="list-style-type: none"> <li>• The box of "Studies included in quantitative synthesis (meta-analysis)" is not necessary for the diagram.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Records screened, are abstracts?</li> <li>• Which were the main reasons for exclusion?</li> </ul> <p><b>Results</b></p> <p>The research questions are presented in the introduction and all the elements studied (barriers/facilitators, intersectoral strategies or interventions) are properly examined in the review. However, a clear link between the presentation results and the research questions is missing. The authors should consider reorganizing/structuring the results in a more sequential way in relation to the research questions.</p> <p>“1141 were excluded based on selection criteria”. How the assessment was carried out, through the screening of the abstracts? This should be clarified in the methods and flowchart box.</p> <p>Table 1 seems unnecessary. The information on countries is also included in table 2 and is sufficiently described in the text.</p> <p>There are some descriptions of the results that are more consistent with the Discussion, in particular, the description of the enabling strategies. This could be simplified to key strategies that would be later further discussed.</p> <p>The reference numbers should be added in the tables (Tables 2 and 3)</p> <p><b>Discussion</b></p> <p>Like the comment to the results structure, a link between the key findings and the research questions is lacking. A clearer description and sequential analysis on how these questions were answered would also be valuable for the Discussion.</p> <p>In line with that, it is not clear whether the list of strategies/interventions listed and analyzed in the Discussion are related to or addressing the 2nd or the 3rd research questions.</p> <p>For the second element discussed Appropriate Funding Models for Integrated Services, the initial sentence says “This was not explicitly studied in the literature,...” what does this mean? No study was found for this type of barrier/facilitators or strategy for intersectoral collaboration and integration? The funding issue is identified and discussed in the manuscript. Please explain.</p> <p><b>Conclusions.</b></p> <p>A major finding of this study is the lack of evidence, and this has been remarked by the authors. Is there any comment/suggestion on how future actions/research should address this issue.</p>
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**VERSION 1 – AUTHOR RESPONSE**

**Intersectoral and integrated approaches in achieving the right to health for refugees upon resettlement: A scoping review**

**Reviewer Response Table**

<b>Reviewer Comment</b>	<b>Response</b>	<b>Location in text</b>
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<p><b>Abstract</b> The statement “Limited evidence was found overall” in the Results seems more like a general conclusion of the review</p>	<p>This has been added to conclusion section.</p>	<p><b>Pg. 2</b></p>
<p>The Conclusion section lists the key ‘policy insights’, which seems rather part of the results. A statement that summarizes the overall findings of the review would be more relevant here (like the first sentence of the results). Also, a brief note on the policy implications of these findings and the need for future research to address the limitations of this study is missing here.</p>	<p>The policy insights are based on the barriers and facilitators identified in the studies included. As such, they are interpretations of the primary studies' findings. Therefore we have moved them to the discussion (with a section called “Policy Insights”) and amended the conclusion. However, we have not moved the policy insights into the results.</p>	<p><b>Pg. 20-21</b></p>
<p><b>Introduction.</b> As refugees can be considered a category of migrant, perhaps a better characterization in the definition of refugee “Different to other types of “migrant,” “refugees” are ....”</p>	<p>Revised to avoid confusion: <i>“Refugees” are individuals fleeing armed conflict or persecution as defined by the 1951 Refugee Convention which also identifies their basic rights, specifically that refugees should not be returned to situations that are deemed a threat to their life or freedom.</i></p>	<p><b>Pg. 4</b></p>
<p><b>Methods</b> The authors specified that the detailed methods were published in the protocol and provide a summary of the methodology. However, I think that this section could be revised and simplified by abridging some elements already described in the protocol (e.g. the two frameworks description can be shortened, the time period is repeated). Then there are key points that are worth to include in the summary of the methods for this paper, such as the specific search terms used in the search strategy. Also, some elements of the actual completion of the review should be further explained. For example, the data abstraction process and the analysis of the results should be better described. Was a software or tool used</p>	<p>The two frameworks description has been shortened</p> <p>Data abstraction revised: <i>A data abstraction chart was developed based on the two frameworks used in this study. The chart was tested by two researchers and revised as appropriate. The revised chart was used by the same researchers to abstract descriptive and qualitative data as relevant to the elements of the frameworks used. Elements included in the chart were: intervention description; barriers and facilitators; contextual details; target population; type of evaluation; outcomes; stakeholder involvement in governance, financing, planning, service delivery, monitoring and evaluation, and engagement. Deductive reasoning was used to identify barriers and facilitators in intersectoral collaboration for refugee health. Open coding was applied to visualize themes across interventions as well as barriers and facilitators. Open coding was applied to visualize themes across interventions as well as barriers and facilitators (Thomas &amp; Harden, 2008). Axial coding was applied to then draw connections to enabling</i></p>	<p><b>Pg 8</b></p>

<p>(the protocol mentioned the use of NVivo for this review)? How the studies were organized and categorized for analysis? (type of studies, country, type of intervention, barriers/facilitators, outcomes, frameworks' components??) How the thematic analysis approach was applied (inductive, deductive way)? References should be included as required. How were the analysis and interpretation performed? These are essential methodological aspects that will help the reader to understand these processes were carried out when conducting the review.</p>	<p><i>strategies for intersectoral collaboration (Thomas &amp; Harden, 2008). General conclusions were drawn based on these themes, leading to suggestions for strengthening programs and policies.</i></p>	
<p>In the exclusion criteria, there seems to also indicate criteria for inclusion. ("Implementation research and operations research studies were eligible as well as studies or reports outlining stakeholder experiences and plans"; page 7, end of 1st paragraph) Please revise this section.</p>	<p>We've included a more clear section on this: <i>Types of studies included: Randomized control trials, prepost design evaluations, qualitative evaluations, and economic evaluations were included. Further, implementation research and operations research studies were eligible for inclusion, as well as studies or reports outlining stakeholder experiences and plans.</i></p>	<p><b>Pg. 7</b></p>
<p><b>In the flowchart:</b></p> <ul style="list-style-type: none"> <li>• The box of "Studies included in quantitative synthesis (meta-analysis)" is not necessary for the diagram.</li> <li>• Records screened, are abstracts?</li> <li>• Which were the main reasons for exclusion?</li> </ul>	<p>Flowchart has been revised to reflect these changes</p>	
<p><b>Results</b></p> <p>The research questions are presented in the introduction and all the elements studied (barriers/facilitators, intersectoral strategies or interventions) are properly examined in the review. However, a clear link between the presentation results and the research questions is missing. The authors should consider reorganizing/ structuring the results in a more sequential way in relation to the research questions.</p>	<p>Research question 3 was revised to more accurately reflect what was meant: (3) <i>Which stakeholders are involved in leveraging intersectoral approaches to protect refugees' right to health?</i></p> <p>The results section was restructured to respond to questions 1, 2 and 3 in succession, clarifying the corresponding results.</p>	<p><b>Pages 13-17</b></p>
<p>"1141 were excluded based on selection criteria". How the assessment was carried out, through the screening of the abstracts? This should be clarified in the methods and flowchart box.</p>	<p>We've added a heading for the types of studies included and we've referred to the exclusion criteria on page 7: <i>Of the 6,117 records identified through the search strategy, 1302 abstracts were screened after removing duplicates. 1141 were excluded based on exclusion</i></p>	<p><b>Pg 7, 9</b></p>

	<i>criteria described above as assessed by two independent reviewers, 131 full texts were assessed, with the references of 15 selected articles additionally screened for inclusion criteria, a total of 18 studies were included in our review (see Figure 1).</i>	
<b>Table 1 seems unnecessary.</b> The information on countries is also included in table 2 and is sufficiently described in the text.	Table 1 has been removed.	
There are some descriptions of the results that are more consistent with the Discussion, in particular, the description of the enabling strategies. This could be simplified to key strategies that would be later further discussed.	We don't agree with this. The enabling strategies pertain to research question 2. Thus, we have left this in the results section. We have revised the wording to make it more clear that it is referring to the research questions. <i>To respond to research question 2, this section will summarize common themes identified as enabling strategies that support intersectoral collaboration to promote refugee health.</i>	<b>Pg. 14</b>
The reference numbers should be added in the tables (Tables 2 and 3)	This has been added	<b>Pg. 9, 14, 16</b>
Like the comment to the results structure, a link between the key findings and the research questions is lacking. A clearer description and sequential analysis on how these questions were answered would also be valuable for the Discussion. In line with that, it is not clear whether the list of strategies/interventions listed and analyzed in the Discussion are related to or addressing the 2nd or the 3rd research questions.	This has been clarified as being a synthesis of the results: <i>The findings from the existing but scarce literature highlight critical factors necessary in facilitating intersectoral collaboration and the successful integration of refugee services within existing health systems. The three research questions studied demonstrated barriers and facilitators, enabling strategies recorded in the literature, and the stakeholders involved. This section will summarize key themes across these topics and discuss implications for program implementation, policy and future research.</i>	<b>Pg. 17</b>
<b>Discussion</b> For the second element discussed Appropriate Funding Models for Integrated Services, the initial sentence says "This was not explicitly studied in the literature,..." what does this mean? No study was found for this type of barrier/facilitators or strategy for intersectoral collaboration and integration? The funding issue is identified and discussed in the manuscript. Please explain.	This has been removed as it is not relevant.	
<b>Conclusions.</b> A major finding of this study is the lack of evidence, and this has been remarked by the authors. Is there any comment/suggestion on how future actions/research should address this	In the paper is a section called "Limitations and Future Directions" which includes the following: - <i>Some key programs and approaches may be missing due to interventions occurring at individual level instead of at the</i>	<b>Pg. 21-22</b>

	<p><i>systems level as well as not having been published in academic</i></p>	
<p>issue.</p>	<p><i>literature. Individual health providers or organizations will navigate barriers in health systems through tacit and experiential knowledge that is often not documented. Data will be further amplified by conducting key informant interviews in selected countries.</i></p> <ul style="list-style-type: none"> <li>- <i>The evidence for this review largely came from high-income countries with only two studies conducted in upper-middle income and two in low-income countries. This may affect the generalizability of the findings reported here as low-income and middle-income countries have greater coordination challenges to overcome due to fragmented systems and weak governance. More evidence and special consideration is needed in these contexts with respect to refugee health, particularly for those most at risk subgroups such as women, children and the elderly.</i></li> </ul> <p>Additionally, we have also incorporate future research suggestions throughout the discussion:</p> <ul style="list-style-type: none"> <li>- <i>Further analysis with costing studies on a tailored package of health services for vulnerable populations could help to support improved financing of efforts at coordination of services across sectors.</i></li> <li>- <i>Future research on the required competencies of the system navigator role is required to ensure that appropriate professionals are recruited and trained.</i></li> <li>- <i>Better collection and use of evidence on the needs of vulnerable refugee subgroups and how to target them are essential next steps to design appropriate service delivery models.</i></li> </ul>	<p><b>Pg. 18-20</b></p>

**VERSION 2 – REVIEW**

<b>REVIEWER</b>	Ricardo Batista University of Ottawa
<b>REVIEW RETURNED</b>	03-Apr-2019

<b>GENERAL COMMENTS</b>	<p>Thank you for considering the comments and suggestions to the manuscript.</p> <p>In my view, the authors have satisfactorily addressed the observations and the paper has notably improved.</p> <p>The only minor point is related to the inclusion of the specific search terms in the main text of the manuscript. This is a critical element of a literature review. Although the appendix provides detailed information about that, it is important to include a concise list of the keywords/ phrases used in their search strategy, so the reader can quickly appreciate the relevance and scope of the search.</p>
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### VERSION 2 – AUTHOR RESPONSE

Reviewer Comment	Response	Location in text
<p><b>Methods</b></p> <p>The only minor point is related to the inclusion of the specific search terms in the main text of the manuscript. This is a critical element of a literature review. Although the appendix provides detailed information about that, it is important to include a concise list of the keywords/ phrases used in their search strategy, so the reader can quickly appreciate the relevance and scope of the search.</p>	<p>The following has been added to the methods section.</p> <p>Search terms included umbrella terms for three topics: refugees (eg. immigrants, migrants, asylum seekers, transients); health and social services (eg. healthcare, patient experience, health services, interdisciplinary, intersectoral collaboration, access to care); and health equity (eg. disparities, social determinants, rights-based approaches). These were combined to comprise the search (detailed search terms in appendix).</p>	Pg. 6