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.

This paper was submitted to a another journal from BMJ but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Open. The paper was subsequently accepted for publication at BMJ Open.

(This paper received three reviews from its previous journal but only two reviewers agreed to published their review.)

ARTICLE DETAILS

TITLE (PROVISIONAL)	Needs of LMIC-based tobacco control advocates to counter tobacco industry policy interference: Insights from semi-structured interviews
AUTHORS	Matthes, Britta Katharina; Robertson, Lindsay; Gilmore, Anna

VERSION 1 – REVIEW

REVIEWER	Egbe, Catherine O. South African Medical Research Council Alcohol, Tobacco and Other Drug Research Unit 1 Soutpansberg Road
REVIEW RETURNED	17-May-2020

GENERAL COMMENTS	- The reviewer provided a marked copy with additional comments. Please contact the publisher for full details.

REVIEWER	Siddiqi, Kamran University of York, UK Institute of Health Sciences Seebohm Rowntree building University of York
REVIEW RETURNED	03-Jun-2020

GENERAL COMMENTS	The authors have selected to address an important topic and used qualitative methods to understand the needs of tobacco control advocates in LMICs to counter tobacco industry interference in policy making. While I concur with the authors on the importance of the subject area and need to understand distinct needs in LMICs to strengthen tobacco control advocacy against the industry interference, I have concerns about the study methods. A list of my concerns is as follows: MAJOR • I am not entirely sure what sampling methods were used for selecting countries, CSOs and advocates. For countries, three criteria were mentioned but I was not clear how the first criteria differed from the second. Were these criteria applied to all FCTC countries systematically? I was not entirely convinced of the rationale for selecting countries either but in the discussion, the authors mentioned themselves that certain other countries where efforts of the advocates have not materialised should also be

	included. How important is this limitation? • The sampling strategy for CSOs was described in the least amount of details. Even if this were a purposive sample, some criteria would be good. How did the authors define CSO? As authors would know, advocacy efforts are not always made via traditional CSOs and there are other types of organisations and professional bodies involved in anti-tobacco advocacy. • I have concerns about the sampling strategy for the advocates too. What working definition was used? I see it was purposive sampling but what type of purposive sampling? I notice that some of these advocates were also academics and working in the government sector. Does that mean that they were not working for CSOs? It would have been good to use more heterogeneous sampling e.g. maximum variation sampling for each country. I am also concerned about the sufficiency of a sample of just 22 advocates from eight countries with a very diverse tobacco-related political and social landscape; it must have been very difficult to reach saturation with such small numbers per country. I wondered if this sample size/country is acceptable? In my view, this is a major limitation. • There is also very little detail on how the interview schedule was developed. Did the authors based it on the existing literature/framework? The interviews were conducted in English only; would this not have been an issue given that these were in-depth interviews with people (I am assuming) whose native language is not English. • The discussion needs to highlight what new information was found that was specific to LMIC context or did it just confirm what was there in the literature from HIC. What makes the study novel? • I would have also liked some discussion on the perceived needs of tobacco control advocates contextualised within the wider LMIC's needs to strengthen tobacco control advocacy. While addressing the needs of the advocates is part of efforts to strengthen advocacy, it is not the whole. MINOR • The title should indicate which study design was used to answer the research question • In the abstract, the methods sub-section should tell us the working definition of an 'advocate' and briefly mention the sampling strategy • The implications mention the need of structural changes in addition to addressing the needs of the advocates. I agree with this but I did not see how this emerged from the study. • The methods should mention the study design. It is implicit but it would be good to start the section with that. • I was not clear about how 20 interviews were conducted among 22 participants. Most interviews were done online while some face-to-face; does this not make the data collection inconsistent? • One advocate/CSO also informed about a neighbouring country? How was that acceptable? • There were some typos which needs correction e.g. inconsistency in placing in-text citation before and after punctuations.

VERSION 1 – AUTHOR RESPONSE

REVIEWER 2[1]

Reviewer 2: Thank you for the opportunity to review this paper. This paper addresses a key issue in tobacco control especially in LMICS where industry activities are rife, and resources are low to

[1] All the page numbers mentioned in the responses refer to the revised manuscript (Main document).

combat them. General comment: The authors have done a very good job providing valid conclusions based on the findings. There are a few suggestions that I believe if implemented would make the paper stronger.

A: Thank you very much for reviewing our paper and for providing us with very detailed and constructive feedback. As you will see in our point-by-point responses, we incorporated almost all of your suggestions into our revised manuscript, and we explain why we did not take all of them on board. Thanks again for your review, we are sure that it helped us to strengthen the manuscript.

Q1. Page 4, line 11: the last word “this” does not clearly say what is referred to.

A1. Thank you for pointing this out. To clarify what we mean, we replaced “do this” with “counter TII successfully”.

Q2. Page 7: The note under Table 1 is too much as it is. This could be made a cited reference.

A2. In our revised manuscript, we included the sources as references (p.8).

Q3. Page 7 (line 3 after the note under Table 1): I am wondering why only participant “fluent in English” were included in the study considering the fact that many of these countries do not necessarily speak as their first language. I believe this criterion would have had serious impact on quality of data collected given advocates also communicate in languages other than English in their settings. The reason this criterion was applied should be explained in the methods section. This criterion as a limitation should also be highlighted at the end of the discussion section.

A3. Thank you. We have now added a sentence to the sampling and recruitment section (pp.6-9) pointing out how this inclusion criterion created limitation but enabled us to avoid additional challenges that would have arisen if we worked with multiple interpreters. We reference a key peerreviewed piece on working with interpreters. Furthermore, we added to the data collection section (p.9) that we conducted a pilot interview with a tobacco control advocate and researcher who was not a native speaker of English (see also Q6). Finally, we picked up this limitation in the discussion (see Q&A27).

Q4. Page 7 (line 4-5 after the note under Table 1): the number of countries should be mentioned following the mention of the number of organizations per country.

A4. We replaced “per country” with “in each country” (p.8).

Q5. Page 7 (line 5 after the note under Table 1): “our network” - More information should be included about the network being referred to. For example, is this a network of advocates, researchers, or a combination of both?

A5. To specify what we mean, we inserted “of tobacco control advocates and researchers” (pp.8-9).

Q6. Data collection: What informed the questions asked? A theory, literature on TII?

A6. Thank you for these questions. We have now added information on how the interview guide was developed and revised (p.9). The latter also included a pilot interview with tobacco control advocates and researcher who was (as most research participants) not a native speaker of English. The piloting served to ensure that the interview schedule was very clear (see also Q&As 3 and 27).

Q7. Please state the medium through which the interviews were conducted.

A7. This information is included in the sample section (the first section of the results, p.10). Following your suggestion, we specified that we used Microsoft Teams for online interviews. (see also A8)

Q8. Data analysis: line 1 – please state the version of NVivo used.

A8. It now reads “NVivo 12” (p.9)

Q9. Sample (line 2): Please unpack the word “online” as used here.

A9. We replaced “online” with “remotely, using Microsoft Teams”.

Q10. Some information about the study sample and countries are provided in the methods section while others are presented here. It would make for easy flow if we have all the information in either of these sections instead of both (preferably the methods section)

A10. Thank you for this comment. In the methods section, we focus on how we selected countries and participants and on our approach to data collection and analysis. The findings section opens with an overview of our sample of participants which resulted from our sampling process. This is in line with the approach taken in several other qualitative studies (see, for example, https://tobaccocontrol.bmj.com/content/early/2020/02/02/tobaccocontrol-2019-055284, https://tobaccocontrol.bmj.com/content/early/2020/04/08/tobaccocontrol-2019-055529, https://link.springer.com/article/10.1186/1471-2458-12-248).

We appreciate that it would also be legitimate to follow your suggestion and add the information about the sample, including participants’ characteristics to the methods section. This approach can also be found in qualitative studies (see, for example, https://tobaccocontrol.bmj.com/content/29/4/398). However, as we find it essential to highlight that our sample resulted from our methodological proceedings and is therefore a finding, we decided to stick to our approach. Since the sections have clear headings, we do not think that this compromises the readability of the paper.

Q11. It will be helpful to also provide the number of potential participants were contacted per country and how many accepted/declined participating in the study. A Table could n be used to present this information.

A11. Thanks for this comment. We did indeed not hear back from some potential interviewees. However, we don’t know why they did not respond; often, their email addresses were provided by an informant. We were not sure if the contact details were incorrect, if the potential interviewee didn’t regularly use this email account or if they decided not to respond and if so, why. We also cannot know why people stop replying to emails. No person explicitly declined our invitation. We therefore don’t think that adding information about the numbers of those who did not respond or stopped responding would add to the study.

Q12. Information about the medium of interview per participant should be included in the paper

A12. Following your suggestion (see also Q&A 13), we now include in Table 2 (p.10) if interviews were conducted in-person or online.

Q13. Table 2 could be merged with the suggested Table in #12 and/or #11

A13. We integrated additional information that picks up Q12 into Table 2 (p.10). We explain in A11 why we did include the information proposed in Q11.

Q14. Page 9 (line 3): This sentence is not relevant to this paper and could be deleted. It had been mentioned as part of a separate study.

A14. We were unfortunately unclear to which sentence this suggestion referred.

Q15. Page 9 (line 4): “…particularly small tobacco control community.” What is meant by “small”? is this referring to number of advocates or number of organizations? If the later, this should not affect the number of CSOs included since only 2 CSOs were included per country.

A15. Thank you for these questions. After rethinking what we meant by “small” and considering the lack of quantitative data on tobacco control advocates and organisations, we removed “with a particularly small tobacco control community” from the manuscript.

Q16. I think the Results section should begin from the section with the subheading “countering activities:…”

A16. Thanks. We respond to this in A10.

Q17. The use of the words “data and evidence” is not very clear.

A17. Thank you very much for pointing this out. We have now slightly edited the section on generating and compiling data and evidence to make clear what is meant by data and evidence (pp.1112).

Q18. Page 13, line 9: the word “found” should be replaced with “reported” or a similar word as “found” does not seem appropriate

A18. We replaced “found” with “reported”.

Q19. Page 14, line 1: “funding training”…wouldn’t this read better as “funded training”?; also see the work “cases”…consider replacing with “countries”

A19. Thank you for these suggestions. We have changed “funding” to “funded” and replaced “case(s)” with “country/ies” where appropriate (see p.10, p.12, p.14, p.16).

Q20. Page 14: lines 4 and 5: How do the terms “specific media outlets” and “mainstream media” differ as used in this context?

A20. Thank you for the comment. We replaced “specific media outlets” with “topic-specific media outlets” and “mainstream media” with “widely read generic media outlets” to clarify what we mean (p.15).

Q21. Page 15: begin line 3 with a capital letter.

A21. We corrected this typographical error. A colleague proofread the entire manuscript to eliminate any other errors.

Q22. Consider rephrasing the subheading “How could these activities be enhanced, challenges overcome and unmet needs addressed?” to a non-questioning format.

A22. It now reads “How to enhance activities, overcome challenges and address unmet needs” (p.17).

Q23. Page 16: This page almost read like a discussion until line 22. Mention that this is reported by advocates.

A23. Thanks. We restructured the first sentence of this section, and it now opens with “Advocates identified two main ways through which…” (p.17).

Q24. Check titles for all Tables. Some were underlined while others were not.

A24. We now underlined the title of Table 1 (p.6) so that all table titles are underlined. We also had an additional person proofreading the manuscript to eliminate any other inconsistencies.

Q25. Page 18, line 20: “previous one” what does this mean?

A25. To clarify the sentence, we replaced “previous one” with “other overarching need” (p.19).

Q26. Page 22 (limitation): please mention the type of training referred to.

A26. We specified what we mean by adding "provided by the international tobacco control community" (p.23).

Q27. Excluding advocates who are not fluent in English is a major limitation worthy of mention and whose implications should be include in the limitations section.

A27. Thank you for this comment. We have added a paragraph about this issue to the discussion (pp.23-24).

Q28. Page 31 (Last sentence): This sentence may need to be unpacked.

A28. Thank you. Unfortunately, we are not sure to which sentence this comment refers. In the manuscript we submitted, Page 31 only had references.

REVIEWER 3[2]

Reviewer 3: The authors have selected to address an important topic and used qualitative methods to understand the needs of tobacco control advocates in LMICs to counter tobacco industry interference in policy making. While I concur with the authors on the importance of the subject area and need to understand distinct needs in LMICs to strengthen tobacco control advocacy against the industry interference, I have concerns about the study methods. A list of my concerns is as follows:

A. Thank you so much for reviewing our manuscript and for giving us highly constructive feedback. As you will see from our point-by-point answers, we carefully considered all of your comments and suggestions and made several changes to our manuscript based on your feedback. Thanks again for your review, we are convinced that it helped us to strengthen the paper.

MAJOR

Q1. I am not entirely sure what sampling methods were used for selecting countries, CSOs and advocates. For countries, three criteria were mentioned but I was not clear how the first criteria differed from the second. Were these criteria applied to all FCTC countries systematically?

A1. Thank you for your comment and question. To clarify our methodological proceedings, we have now edited the sampling and recruitment section (pp.6-9) in which we outline our sampling process. We did not mention details of our background research that informed the selection of countries and is reflected in Table 1 (pp.6-8), but we could add this if desired. For example, we conducted background research on tobaccolaws.org to identify countries with recent legislative change. We did not systematically go through all 181 countries that ratified the FCTC. However, this was not necessary for our qualitative approach since we just aimed for a diverse sample (income-type and region) of countries in which recently saw an advancement or attempted progress of key tobacco control policies. A larger sample would not have been compatible with our qualitative approach.

Q2. I was not entirely convinced of the rationale for selecting countries either but in the discussion, the authors mentioned themselves that certain other countries where efforts of the advocates have not materialised should also be included. How important is this limitation?

A2. We outline in the sampling and recruitment section that we selected cases with recent experiences in advancing or attempting to advance tobacco control policies (see also Q&A1). While all of them had made some progress as described in Table 1 (pp.6-8), the advancements have not been perfect or smooth, which was often reported to be linked to industry interference. For example, in the three countries with comprehensive laws, participants were concerned that tobacco taxation remained unaddressed. Furthermore, adoption or implementation of policies was in some places delayed or weakened following industry and industry allies' litigation efforts.

Selecting countries that recently had tobacco control policy making made it more likely that advocates had 1) recent and direct first-hand experience with industry's political activities and 2) also some insights into what worked and did not work. A study drawing on advocates' insights from LMICs with less or no tobacco control progress could be complementary and might tell us more about what efforts did not work and why they think this was. The purpose of this paper, however, was to look for ideas and solutions that advocates thought would help to strengthen their efforts in countering tobacco industry interference and could facilitate tobacco control progress.

Q3. The sampling strategy for CSOs was described in the least amount of details. Even if this were a purposive sample, some criteria would be good. How did the authors define CSO? As authors would know, advocacy efforts are not always made via traditional CSOs and there are other types of organisations and professional bodies involved in anti-tobacco advocacy.

[2] All the page numbers mentioned in the responses refer to the revised manuscript (Main document).

A3. Thank you for this question and comment. We have now made our understanding of CSO explicit in the sampling and recruitment section (p.8). It is based on the WHO definition of civil society and captures a wide range of organisations. As you point out, such a broad scope is crucial because of the diversity of organisations involved in tobacco control. We also added the number of CSOs represented in the study to the sample section (p.10).

Q4. I have concerns about the sampling strategy for the advocates too. What working definition was used? I see it was purposive sampling but what type of purposive sampling? I notice that some of these advocates were also academics and working in the government sector. Does that mean that they were not working for CSOs? It would have been good to use more heterogeneous sampling e.g. maximum variation sampling for each country.

A4. Thank you for these questions. We now included a definition of "advocate" in the sampling and recruitment section (see Q&A 11). As we state in the sample section, all participants met the inclusion criteria, meaning that they had at least three years of experience in national-level tobacco control advocacy (p.10).

In LMICs, it is common that people work in different jobs and roles; advocacy work is not always (well-)paid, and some interviewees shared that they had to take a part-time position in the public sector. CSOs often also work project-based (see findings) meaning that they can hardly afford permanent staff which means that people need to switch roles. Furthermore, the boundaries between research and advocacy can be blurry in public health, which is not only relevant in LMICs. (https://academic.oup.com/jpubhealth/article/38/3/413/2239810) All the participants who wore multiple hats self-identified primarily as advocates which we now included this in the sample section (p.10).

Thanks for your suggestion of using a more heterogeneous approach to sampling each country. In the sampling and recruitment section, we state that we sought to include the participants from different CSOs, which we considered vital for ensuring that we capture different perspectives.

Q5. I am also concerned about the sufficiency of a sample of just 22 advocates from eight countries with a very diverse tobacco-related political and social landscape; it must have been very difficult to reach saturation with such small numbers per country. I wondered if this sample size/country is acceptable? In my view, this is a major limitation.

A5. Thank you for these comments. We note in the introduction that there are several case studies on the tobacco control journeys of individual countries, including some LMICs (p.5). With our research, we sought to complement these studies and enrich our understanding of tobacco control advocacy by including more countries. While we acknowledge that the countries are different, we selected them purposively as explained in the sampling and recruitment section (pp.6-9, also see A1). The emphasis of this research is not on studying the political and social landscape of each country or comparing countries. Instead, we sought to learn about advocates' experience in countering TII, the challenges they faced and how these could be addressed. We found a high level of consistency in participants' responses from participants within and across countries. We are therefore confident that we reached data saturation.

In qualitative research, 6-12 interviews are generally perceived as sufficient sample size (https://journals.sagepub.com/doi/pdf/10.1177/1525822X05279903, https://www.tandfonline.com/doi/full/10.1080/08870440903194015). Numerous other qualitative tobacco control papers draw on a smaller sample size than us (https://www.tandfonline.com/doi/full/10.3109/16066359.2015.1064905?casa_token=osPuU1W3upoAAAAA%3AqRLplwBFFw-1JlDhYZ-AU93U0CeDZ_N0gEnKC1-wtCdqDbQlNmcz8VgQbPc8wfHkDiDthJYyVP5I), including studies with stakeholders from different states (for example, https://tobaccocontrol.bmj.com/content/tobaccocontrol/10/3/218.full.pdf,

https://www.tandfonline.com/doi/full/10.3109/16066359.2015.1064905?casa_token=osPuU1W3upoAAAAA%3AqRLplwBFFw-1JlDhYZ-AU93U0CeDZ_N0gEnKC1wtCdqDbQlNmcz8VgQbPc8wfHkDiDthJYyVP5I).
Finally, we acknowledge the limitations of our study in the discussion and point out that the views expressed are not necessarily generalisable to the wider population of tobacco control advocates (p.24).

Q6. There is also very little detail on how the interview schedule was developed. Did the authors based it on the existing literature/framework?

A6. We have now added information on how the interview guide was developed and revised (p.9). The latter also included a pilot interview with tobacco control advocates and researcher who was (as most research participants) not a native speaker of English. The pilot interview served to ensure the schedule's clarity (see also Q&A7).

Q7. The interviews were conducted in English only; would this not have been an issue given that these were in-depth interviews with people (I am assuming) whose native language is not English.

A7. Thank you for this comment. We have now added a sentence to the sampling and recruitment section (pp.8-9) pointing out how this inclusion criterion created limitation but enabled us to avoid additional challenges that would have arisen if we worked with multiple interpreters. We now reference a key peer-reviewed piece on working with interpreters. Furthermore, we added to the data collection section (p.9) that we conducted a pilot interview with a tobacco control advocate and researcher who was not a native speaker of English (see Q7). Finally, we have added a paragraph about this issue to the discussion (pp.23-24).

Q8. The discussion needs to highlight what new information was found that was specific to LMIC context or did it just confirm what was there in the literature from HIC. What makes the study novel?

A8. The discussion outlines what this study contributes to our knowledge about tobacco control advocacy in LMICs. We have now strengthened the 1st paragraph of the discussion to make this clearer. We were not able to compare our findings with what was found in HICs because there is to our knowledge no peer-reviewed literature on the needs of HIC-based tobacco control advocates.

Q9. I would have also liked some discussion on the perceived needs of tobacco control advocates contextualised within the wider LMIC's needs to strengthen tobacco control advocacy. While addressing the needs of the advocates is part of efforts to strengthen advocacy, it is not the whole.

A9 Thanks. We agree that this is an important issue. We did not emphasise it in the discussion as it was not the focus of the paper. Following your comment, we slightly edited the discussion and now point to the broader issues on Page 22.

MINOR

Q10. The title should indicate which study design was used to answer the research question

A10. We have changed the manuscript title to "Needs of LMIC-based tobacco control advocates to counter tobacco industry policy interference: insights from semi-structured interviews" to make the study design clearer.

Q11. In the abstract, the methods sub-section should tell us the working definition of an 'advocate' and briefly mention the sampling strategy

A11. Thank you. We now explicitly mention our definition of advocate (in the sampling and recruitment section (see also Q&A4). We decided not to include in the abstract as the word count is very limited and we don't see our definition as differing from how the concept is commonly used.

Q12. The implications mention the need of structural changes in addition to addressing the needs of the advocates. I agree with this but I did not see how this emerged from the study.

A12. Thank you for your comment. The structural changes are needed for addressing certain needs advocates identified, particularly those relating to funding. We have now edited the section on overarching needs (pp.18-19) to make this clearer and highlight that advocates themselves pointed to the need for broader structural changes.

Q13. The methods should mention the study design. It is implicit but it would be good to start the section with that.

A13. We added a sentence at the beginning of the methods section, which gives an overview of our approach (p.6).

Q14. I was not clear about how 20 interviews were conducted among 22 participants.

A14. Two interviews had two participants which we have now added to the sample section (p.10).

Q15. Most interviews were done online while some face-to-face; does this not make the data collection inconsistent?

A15. Thank you for this question. Our data collection approach was consistent in the sense that we used the same interview schedule and interview style in all interviews. Having said this, we acknowledge that in qualitative research, there is a crucial tension between flexibility and consistency/coherence (https://doi.org/10.1177/1468794103033004). Yet, the tools used for interviewing are not central as evidence suggests that the quality of data is not affected by the mode of data collection (online vs face-to-face) (https://doi.org/10.1016/j.chb.2016.01.016). Instead, as researchers, we must remain current in choosing effective and efficient methods for collecting qualitative data (https://search.proquest.com/docview/2405672296/A6BFAA8A29524EFEPQ/6?accountid=17230). Particularly, where public health researchers interview experts, combining in-person and remote interviews is a common and widely-accepted strategy (for example, https://academic.oup.com/jamiaopen/article/2/4/471/5572201, https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2456-0).

Q16. One advocate/CSO also informed about a neighbouring country? How was that acceptable?

A16. Thanks. One of our interviewees had significant experience in a neighbouring LMIC, and we initially included the parts of the transcript dealing the with the other LMIC in our analysis since this study is concerned with the experience LMIC-based advocates. However, we now reconsidered our approach and excluded the material from our analysis. We eliminated the sentence in the methods (under Table 2, p.10). None of the quotes included in the paper refers to the neighbouring country.

Q17. There were some typos which needs correction e.g. inconsistency in placing in-text citation before and after punctuations.

A17. We revised the manuscript looking for inconsistencies (see, for example, p.12) and had the manuscript proofread by another colleague.

VERSION 2 – REVIEW

REVIEWER	Kamran Siddiqi University of York, UK
REVIEW RETURNED	15-Sep-2020

GENERAL COMMENTS	Thanks for meticulously addressing my concerns. I do not have any

	further comments.

REVIEWER	Catherine O. Egbe South African Medical Research Council South Africa
REVIEW RETURNED	30-Sep-2020

GENERAL COMMENTS	I am satisfied with the authors' response to my initial concerns. Thank you.