Reviewer’s report

Title: SUSTAINABILITY OF PUBLIC HEALTH INTERVENTIONS: WHERE ARE THE GAPS?

Version: 0 Date: 20 Oct 2018

Reviewer: Elizabeth Alvarez

Reviewer's report:

Thank you very much for allowing me to review this manuscript, "Sustainability of public health interventions: Where are the gaps?" This is a very important and timely topic with broad applications. I believe this is a publishable paper, with two major revisions and a few minor revisions for clarification.

There are two major points.

1) There are no methods described in the paper. Was there a systematic search of the literature, did you use search terms, how do we (as the readers) know if you found the most relevant literature - how did you find this information? Even if the search was not systematic, please add what methods you did use for your results.

2) Page 11, under Sustainability: Theories, models and frameworks - it is confusing how all of the frameworks, tools, theories, models, etc are being categorized. Several are described in detail in the introduction. On page 11, it is stated that Luke et al found 17 frameworks, but only two tools, and there are additional theories (how many?), which includes the Dynamic Sustainability Framework. It is not described what differentiates a theory from a framework from a tool and these are then used interchangeably, even though it is highlighted that these are different. Which frameworks, tools, theories, models, etc. are which, and how do they line up? Several of these are described in each section but it is not clear why those and why for that section (e.g., why Schell et al under sustainable public health). It would be helpful to have a table where all the different frameworks, models, theories, etc. are listed by name with their sources, and it would be helpful to describe their constructs, whether comparatively or at least in acknowledgement (e.g., number of constructs, names of constructs) and provide other ways of classifying these - framework vs. tool, used in public health or another field (and which field), validated or what types of programs have used each (e.g., smoking cessation vs. clinical well-child visits), in what setting (e.g., low-income countries). This would help the reader understand how you came to your conclusions about which frameworks are better and that the use of theory is important.
Minor points:

1) Table 2. It would be helpful to have Table 2 on one page so the headings line up. I am assuming this will not be an issue once it is published.

2) Page 11, line 54 - what is the difference between embedding and integration of embedded practices at the practical level?

3) Page 14, line 50 - "public health decision program stakeholders" is confusing, please clarify

4) Page 16, line 56 - Please add a period between "outcomes" and "The"

Thank you

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Please indicate the quality of language in the manuscript:

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