Author’s response to reviews

Title: Understanding Political Priority Development for Public Health Issues in Turkey: Lessons from Tobacco Control and Road Safety

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Reviewer #1: This an informative account of the development of policies in tobacco control in Turkey, with an interesting comparison to policies regarding road traffic accidents. The story is chronologically structured according to the Multiple Stream model, to which the authors added the "global stream". The results may be of interest to public health policy scientists in Turkey and other countries. The paper is clearly written, the data acquisition and analysis is extensive and careful, and I see no major flaws in logic or empirical evidence.

I do have a series of minor suggestions for improvement.

1. The addition of the 'global stream' is an interesting feature of this paper. Yet, In Results, much of the evidence on this stream is not presented in the section "Global Stream" but as part of the other "stream" sections (e.g. page 12, first 17 lines; page 23, line 10 onwards). I would suggest to expand the Global Stream section to include such evidence.

Thank you for the comment. We have added more evidence to the Global Stream section:

- Added the following quotes from key informants to pages 16-17:
  - “The FCTC was an opportunity for them [politicians] and for us [non-governmental organization] of course” - Turkish Civil Society Actor (i11)
  - “Capacity building increased, [we were] sharing the expertise and knowledge” - Turkish Civil Society Actor (i6)
“The fact that a big name like Bloomberg actually said it’s an important topic actually made very quickly the sensitivity, the awareness of the project” – International Actor (i14)

- Moved the paragraph on page 12, first 17 lines to the Global Stream section

2. The development of tobacco policies in Turkey is presented as a success. To support this view, it would be useful to present supporting data, such as the trend in the Tobacco Control Scale for Turkey, including a comparison to other countries. As yet, paper focusses on smoke-free policies, but these are only a part of the broader package of policies that we need to address the tobacco epidemic.

We have added more evidence on page 4 to support this claim, including:

- Changed “fulfill all of WHO’s MPOWER measures” to “implement all of WHO’s MPOWER measures, which is a package of evidence-based policies, including smoke-free, that was developed to help countries reverse the tobacco epidemic.” This shows that Turkey implemented not only smoke-free policies but also other policies consistent with the Framework Convention for Tobacco Control

- Added “Turkey’s efforts have also been lauded by the international community (Devi, 2012)” and, the country ranked 5th in Europe in 2013 by total Tobacco Control Scale score, which is used to quantify implementation of tobacco control policies (Joossens & Raw, 2016).”

3. During this study period, smoke-free policies were generally implemented in European countries. The authors may briefly discuss whether the development of smoke-free policies in Turkey were more favourable than in these countries, or in any other countries which they believe provide a better yardstick for Turkey. The implicit assumption of this paper is that they do

To address this comment, we have added the following on page 4 “This allowed Turkey to become the third country in the world, after Ireland and United Kingdom, to have a comprehensive smoke-free law (Bilir, 2017), which is significant given the perceived historical and cultural importance of tobacco to the country.”

4. The authors attribute the relative failure of road traffic accident policies in part to “issue characteristics” that are inherent to the problem (page 24, line 36 and on). In high income countries, however, road traffic accidents were effectively tackled from the 1970s onwards, about two decades before the development of effective tobacco control policies. If possible, the authors may take this into account in their interpretation of their evidence.
Thank you for the helpful point. To address this, we have added the following to pages 24-25:

• Replaced “issue characteristics” with “issue framing”

• “High-income countries, like Sweden, that have effectively tackled road traffic injuries refocused their attention on the system rather than on the individual; reframing the solution as a safe systems approach (Bliss & Breen, 2008).”

• “In Turkey” to lines 38 and 43 to show that this is an issue in this context

5. I thought that the little paragraph on page 25, line 10-18, was not contributing to the reasoning of the Discussion section. The authors may consider to modify or remove it.

Thank you. We have removed this paragraph.

6. I would think that the question of framing of public health problems without the lack of an enemy (page 26, line 40) is not very interesting, or should be addressed by the authors themselves, given the fact that most public health problems do NOT have a distinct human agency as enemy.

We have replaced the original sentence with “suggesting the need for advocates of other public health issues, like road safety, to devise effective frames that would evoke deeply held values to mobilize stakeholders and foster cohesion.

7. The differences in Table 4 may perhaps be statistically significant, they are fairly small (e.g. 40 vs. 30% in the first row). I think that these differences are a bit exaggerated in the corresponding text of the Results and Discussions sections. It might even be remarkable that they are smaller than is suggested in qualitative interviews with stakeholders. Are the qualitative accounts of these stakeholders regarding collaborations perhaps too positive for tobacco control policies, or too negative for road safety policies?

Thank you very much for pointing this out. While statistically significant, the difference in the first row (40% vs 30%) is fairly small, which could suggest that there are aspects of cohesion that may be more important than frequency of communication (e.g. the network’s perception of cohesion as gathered through qualitative interviews, and/or agreement on the same solution 70% vs 50%). Accordingly, we have added the following to page 26:

“And, what aspect of cohesion is most important? As seen in table 4, compared to road safety respondents, tobacco control respondents believed that a higher percentage of individuals from international and Turkish organizations working on the issue of tobacco control in Turkey frequently communicated with each other (p=0.000); however, the difference is fairly small (40% vs 30%), which could suggest that there are aspects of cohesion that may be more important (e.g. the network’s perception of cohesion and/or agreement on the same solution).”
8. My most important suggestion would be that, at the end of the paper, the authors briefly reflect on the utility of the Multiple Streams Model for this type of analysis. My impression is that this model is useful for a chronological ordering of the processes that resulted in the (lack of) development of a policy, but that is less useful for disentangling the role of specific factors and actors. In the end, this paper is about the factors and actors that made a difference between the two policies. A model such as the Action Coalition Framework might be more useful as tool for their analysis.

Thank you for the comment. We agree and have added the following sentence to page 25 “While the Multiple Streams Framework was useful in unveiling the chronological ordering of the processes that led to political prioritization of public health issues, it was less useful for disentangling the role of actors, suggesting the need to draw on or consider other frameworks such as the Advocacy Coalition Framework.”