Reviewer’s report

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

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Reviewer: Anton Kunst

Reviewer’s report:

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.

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.

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

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.

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.
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.

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?

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.

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