Author’s response to reviews

Title: Blending Integrated Knowledge Translation with Global Health Governance: A blended approach for advancing action on a wicked problem

Authors:

Katrina Plamondon (katrina.plamondon@interiorhealth.ca; katrina.plamondon@ubc.ca)

Julia Pemberton (pemberj@mcmaster.ca)

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Response to Reviewers’ Comments

Reviewer #1 Comments

Responses

Thank you to the authors for this insightful article exploring integrated knowledge translation and global health governance. I found the article to be very well-written and provide critical perspective on the important topic of addressing health equities. I recommend revisions to deepen the discussion and provide more explicit guidance on blending of approaches to support meaningful healthy equity action as this is a main purpose of your article.

Thank you for these kind words.

Your introduction is comprehensive and well framed in terms of the focus of the article. You may want to review the instructions for authors as the article was submitted as a 'review' but is framed as a 'debate.' I am unsure if the way it is framed is truly a 'debate.'

We changed the reference to this article as a review (line 70, p. 4).

Your section on the wickedness of health inequities is well described through relevant literature. The mechanistic assumptions (Table 1) is helpful in framing but I wonder if there should be reference back to this in your final section to provide more explicit guidance on the blending in the approaches.

Added a sentence to this effect, p. 19.

Further, the last section could be re-organized to make your suggestions for blending of the approaches more clear. This is where I think the majority of revision is needed to ensure you meet your proposed purpose.
Perhaps a table, or a clear summary paragraph in this final section that summarizes the blending of the two approaches would help frame your contribution. There are a few sentences in the concluding paragraph that seem to provide more explicit recommendations (e.g., lines 365, 374) but I would suggest moving this earlier to help with clarity.

Our revisions included careful attention to the coherent presentation of arguments. We believe we have addressed this concern and welcome the idea of a table. As suggested, we moved the sentences with specific recommendations out of the conclusion and into the penultimate section.

Reviewer #2 Comments

This is a novel and thought provoking article. I really appreciated the highlighting of limits to IKT (page 10-11) and I think this article will be very useful to a broad range of scholars. I do not agree entirely with the authors: I think there is an idealism in the expectation that co-learning/dialogue between IKT and GHG will make a difference. I would recommend the authors acknowledge that while both IKT and GHG could operate with a greater positive impact on health inequities if they borrow/learn from each other, evidence-based recommendations and plans go nowhere if there is no political will for change.

We are encouraged by this feedback, thank you!

We appreciate the comment that our framing of some sentences may inadvertently idealize both iKT and GHG. Indeed, it was our dismay with the gaps and failings in our fields, combined with our shared concern for the lack of attention to political economy and issues of power and privilege within both that opened our conversation. We have revisited the paper as a whole with attentiveness to this feedback.

Specifically, we made the following revisions:

• Added a sentence to the introductory paragraph (lines 67-69, p. 4) to clarify the importance of attentiveness to complexity and political situatedness of health inequities

• Added a stronger transitional sentence at the end of the introduction (lines 82-84, p. 5) to signal our intentional optimism and call for attentiveness to political power

• Integrated statements to remind of the political nature of GHG (and influence of colonialism) in several places (see revisions)

While I am not completely convinced by the authors' arguments, I think it is a great piece to teach and discuss GH equity and processes of change with learners and colleagues. I think this is publishable. I would recommend minor revisions:

(1) to nuance a bit further existing limitations in GHG and IKT. I've indicated a few passages below that I think can be reworded/nuanced to strengthen the article in this vein.
We have revisited the sections where the limitations of GHG and IKT may not have been made as explicit as they could have been. We’ve also addressed this concern in Table 2 (p. 15)

There are minor spelling mistakes that copy editing process should catch.

Yes, thank you for this. We have done a thorough copy edit.

(1) GHG and the politics of change

There is not sufficient acknowledgement in my view of the politics of GHG. Indeed, while I am onboard with the authors’ proposal of having GHG and IKT ideals being brought into dialogic co-learning relationship, I take issue with a statement the conclusion that "Governance...strives to tackle issues of conflicting norms and values head on, with explicit examination of the role these play in shaping health problems." I actually totally disagree with this statement and if it remains, I think it can seriously undermine the credibility of the authors because it is quite naive.

There is a LOT of obscuring and persistence of (as the authors' acknowledge anyways earlier) colonial-inspired lines of vision and processes of decision-making in global health governance.

Maybe the authors want to consider acknowledging that just like IKT and GHG are limited in what they achieve within structures of inequality that intentionally and unintentionally reproduce normative inequalities, the co-learning they propose will not advance anything without some desire for change that is sincere (political will+collective action). In other words, maybe acknowledge in the conclusion that any strategy for change, however perfect in theory, can be co-opted and/or serve to further legitimize the powers that be.

We appreciate the reviewer’s attentiveness to how this particular sentence can serve to undermine our argument. This particular sentence has been reworked and moved up.

We agree that political will is a key driver of action for both iKT (often indirectly, e.g., through incentives to partner and prioritize research, as communicated by research funding policies) and global health governance. Our desire was to emphasize that within both fields, there are efforts to do something about health equity; that they have a lot to offer each other, yet are both susceptible to overlooking issues of power, privilege and political economy. To address this, we’ve added reference to Raphael’s work here.

Additional ways we’ve addressed this include:

- Line 88, added the word “Ideally, global health governance brings cross-sector actors…”

- In the discussion on GHG we’ve added a sentence acknowledging the limitations of old models of GHG

(2) The statement "Indeed, calls for social policy reform to improve health dating back more than 160 years reveal the depth and tenacity of root causes" (p6) might be rephrased slightly to better
acknowledge that the tenacity of root causes are power inequities. Calls for change do not equal attempts at change. Therefore, calls for change not resulting in change does not have to do with something as vague as the complexity of the root causes, but rather with a lack of political will and who decides on whether or not a recommendation becomes change. I highly recommend that, to avoid reproducing the whitewashing 'mystery' of wicked health problems in some GH narratives, the authors be more explicit about the difference between evidence-informed recommendations and evidence-informed moves to actually translate recommendations into concrete changes in policy, processes, distributions of resources.

Fair point—and, to this point—our intention here was to point out that calls for action have not resulted in action. We’ve added a clarifying sentence to the introduction to note that this inaction speaks to the tenacity of the underlying roots of health inequities (i.e., the distribution of wealth, resources, and power globally). Indeed, we do not think the wickedness of health inequities to be at all mysterious! We are hopeful our revisions address this concern and thank the reviewer for pointing this out.

On p. 6, lines 114-116, we’ve added a strong sentence to articulate our position on the power nature of health inequities.

(3) I am not convinced that "much health equity work unfolds in a broader context of linear, reductionist, hierarchical assumptions stemming from 17th century mechanistic assumptions about reality." (p. 7) A lot of health equity work stems from lived messy experience of people on the margins of society. I recommend this first paragraph on page 7 be reworded to be further nuanced (I know the authors say "much" and not all, but statement still sounds very unconvincing and generalizing to me.)

We appreciate that our presentation of this point was subtle, however, and clarified in lines 132-134 (p. 7).

(4) "Furthermore, the role of power...recognized as a pivotal driver of health inequities is only occasionally acknowledge and infrequently used to guide study goals and objectives." (p. 7): I recommend authors acknowledge that lack of explicit naming of power in study goals, objectives, recommendations may be strategic (when I and my colleagues leave it out, this is definitely strategic rather than based on lack of understanding/acknowledgement)

We respect the suggestion offered by the reviewer; however, we believe it conflicts with other feedback offered by the same person. Suggesting there may be strategic reasons to avoid acknowledging root causes may undermine the arguments we are trying to make. The sentence identified does not focus on why health inequities’ roots are not acknowledged or used to guide study goals and objectives; rather, we are pointing out an observable pattern (i.e., we name the pattern without taking an authoritative stance on it). Though there may be strategy to avoiding naming the root causes at some points in the research process (e.g., seeking funding), this pattern of avoidance undermines the possibilities for more productive actions oriented toward the root causes (rather than symptoms) of inequities.
On p. 8, lines 160-162 we have added a sentence to clarify our stance on this point.

I would recommend the authors include a diagram to illustrate the dialogic relationship they are proposing between GHG and IKT, for those of us who like such visuals. But, this should not be a tie-breaker. I respect that not everyone loves diagrams or benefits from them, and I think it is important to support swift publication of this important article.

Both this reviewer and reviewer 1 suggested some sort of visual summary. We have responded to this feedback by adding Table 2.