Reviewer’s report

Title: To what extent is the Fetal alcohol spectrum disorder considered in policy-related documents in South Africa? A document review

Version: 0 Date: 25 Feb 2019

Reviewer: Charles Parry

Reviewer's report:

This paper addresses an important topic, that of the extent to which FASD is considered in policy-related documents in a country (South Africa) with among the highest levels of FASD globally. The methodology used is straightforward and the paper is well written, has a well motivated Introduction, and is easy to follow. There are a few places where further clarification is required or where it could be strengthened:

1) Abstract -- Methods (line 2) - indicate the time period for the search.

2) The paper is based on the premise that mentioning a negative consequence of drinking, in this case FASD, in policy documents is likely to be indicative of action being taken. While this is more likely the case than if the issue is not mentioned I am wondering if there is any literature to back up the assertion.

3) I am surprised that the following journal article was not referenced: Svetlana Popova, Shannon Lange, Charlotte Probst, Gerrit Gmel, Jürgen Rehm. Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. The Lancet Global Health, Volume 5, Issue 3, 2017, Pages e290-e299. Among other things it highlights that South Africa was one of the countries with the highest rates of FAS at 585.3 per 10000. Possibly include in 2nd paragraph of Introduction (Lines 75-83).

4) Introduction. Lines 107-109. Do the authors mean to say that South Africa continues to address FASD through more general policies aimed at addressing alcohol-related problems rather than having specific policies directed to addressing FASD?

5) Methods, lines 155-156. Indicate the time period for the search.

6) Line 61. Do authors mean "Trade and Industry" and not "Trade and Investment"?
7) Methods. Please indicate who did the reviewing. Were there two reviewers. How were disagreements dealt with? Was a data extraction form used?

8) Data analysis, line 186 ... who read and re-read the documents. One or two reviewers?

9) Figure 3 is not needed . the content can be written in words. The title of figure 3 is not clear.

10) Quote lines 264-265. Couldn't this equally go under Prevention Targeted Clauses (i.e. with lines 250-251)?

11) Quote lines 253-257 ... couldn't this equally go under Health or Education?

12) At the end of line 273 possibly add "but are of a more general nature".

13) Line 351 possibly put word "health" in before "management of FASD".

14) The paper contains reference to a whole lot of documents e.g. lines 358-364. Possibly ascribe a number to each document and throughout just refer to the document numbers.

15) Line 395 -- possibly add after "terms FAS and FASD" "since 2008" -- if that is the case.

16) Line 401... mention is made of "we argued" -- when was this?

17) Line 423 ... add "the" before "legal drinking"

18) Reference is made to evidence re minimum unit pricing -- perhaps add that "this was not mentioned in any of the South African policy documents reviewed".

19) Line 451 -- elaborate on what is meant by "great services".

20) Line 460 .. sentence starting "Barriers..." something is missing in this sentence.

21) Line 463 .. add "s" to "barrier".

22) Lines 470-471 change words to "qualify based".

23) Line 475, remove "s" at end of "potentials"

24) Line 487, remove "a" before "national surveillance"

25) Lines 503-506 -- elaborate more on the scaffold response" -- how exactly does this work?

26) I wonder if the paper could look at the literature on how other issues (aside from FASD) are addressed in policy documents and how this might translate into action. Similar to Point 2)

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