Author’s response to reviews

Title: The impact of differing frames on early stages of intersectoral collaboration: the case of the First 1000 Days Initiative in the Western Cape Province

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Reviewer 1

This paper proposes a reflection on the conditions for intersectoral collaboration in the field of health policy. Specifically, the paper seeks to confirm that intersectoral collaboration is faced with different understandings of the problem at hand, and different understandings of how best to act so as to solve the problem. Often noted in the literature on intersectoral collaboration, the coexistence of different frames can hinder public action. The paper is strong in several respects - the problem under study is well situated in the literatures on intersectoral collaboration and on framing; the methods and results are rigorous, convincing and very clearly written. It also very convincingly bridges political science/public policy studies literature and health policy research. My main comment on the paper is about the articulation between the empirical focus on eliciting the different frames present in early policy documents and the theoretical focus on intersectoral collaboration and framing.

- Response by authors: Thank you for the comments on the paper, we have addressed each of them below.

1. I found that the articulation of intersectoral collaboration in relation to the emergence of a policy on First 1000 Days was limited. The paper explains very well what the different frames underlying the First 1000 Days initiative are, as well as the distinction between the frames and the internal coherence of each frame (articulation of problem and solutions). However, the reader receives very little information as to who are the actors and institutions behind each frame.

Which organizations published their position on FTD? For instance, who is behind the NIECD? Is it primarily the health sector? Which sub-sectors within the health sector? Have other sectors been involved in elaborating this policy?

I understand that this is the case since you mention in the methods that you attended some intersectoral working groups. Can you associate one frame to one type of actors or one policy sector? Or, to the contrary, do some organisations propose different frames within one policy document?
And what would be the implications? If your coding allows to link frames (as problems, as solutions, as worldviews) with the actors or organisations behind those frames, it would provide interesting insights into the articulation between frames and intersectoral collaboration.

This also raises the following question: are these three frames competing each other or complementing each other?

- Response by authors: Thank you for this point.

Information regarding organisations that had documented positions on the FTD has been made more explicit in the paper (including the Department of Social Development as the authors of the NIECD, Page 13 line 299) and directing the reader to Table 1 which lists all documents analysed along with the authors of all documents.

The FTD executive committee within the health programmes directorate of the health department was provided with the mandate for formulating the FTD. The documents released by the FTD executive committee have been made clear in Table 1 and in the results section (section 3.2).

The question of the involvement of other sectors is one of the core themes of the broader research study. In the period when this analysis was conducted, the involvement of other sectors besides health and social development was limited. This information has been included as part of the results section (page 14, lines 321-324). It links to your later point regarding how emergent frames are linked to particular sectors which has been added to the discussion (page 22, line 483-485).

In order to associate frames with groups/organizations, we have further analysed the data and used Table 1 to outline the predominant frames within each of the documents (to some extent associated with sectors). We have also drawn out the relationship between sectors and frames more clearly using Figure 2.

We acknowledge that some policy documents that publish their positions on the FTD are not linked to one particular sector such as the National Development Plan and the Provincial Strategic Plan which propose general plans for the Country or Province. This makes it difficult to link arguments from these type of documents (which we have categorised as whole of society policies that were FTD-sensitive in Table 1) to one particular sector or organization. However, in broad terms, sectors do gravitate towards particular frames, with the most clearly defined being the biomedical frame in the health sector. This frame tends to treat other frames, originating from other sectors, as secondary.

Information regarding authors/organizations behind the frames has also been included as part of the description in Section 3.2 and the implications have been discussed in (page 23, line 494-503). The impact relates to the potential commitment towards collaboration implied by frames and organisations behind them.

The question regarding competing versus complementing frames is the central theme of the paper. We propose that the frames could be complementary (and do intersect as we show in Figure 2) if the necessary engagement processes favour different interests to be surfaced and navigated prior to commitment to action. We also caution that if the above principled engagement processes do not occur, competing frames can hinder intersectoral work and further, may result in a predominance of one frame and a retreat to siloed sectoral responses.
2. p. 18 The missing 'how' of intersectoral collaboration. My impression after I read this section was that intersectoral collaboration is conceived of in two different ways throughout the paper. First, based on the abstract and introduction, intersectoral collaboration appears to be a characteristic of policy problems (problems - such as early childhood development - do not conform to sectoral sharing of responsibilities among government agencies and other actors) and a factor explaining why there are multiple frames competing in policy documents. Second, in the analysis of policy documents and in section 3.3 in particular, intersectoral collaboration also appears as a way to act on a problem, something that policy actors (in that case, actors from the health sector) think they should engage with but have little idea how. Is my understanding accurate? In any case, it would be helpful if the conceptions of intersectoral collaboration were more explicit.

- Response by authors: We acknowledge that FTD represents the experience of one intersectoral initiative which may not be representative of other experiences in different contexts – which we state as a limitation (Page 26, line 569-574). However, we anticipate that other intersectoral processes (i.e other policy problems similar to early childhood such as addressing health promotion) that have multiple perspectives on solutions will most likely have to navigate between various frames.

3. The discussion centres on the process of principled engagement of actors so as to facilitate intersectoral collaboration by making the underlying frames visible. As it is, I felt that this proposal only partially followed from results presented in the paper: as mentioned in the literature on intersectoral collaboration, the paper has shown that different frames coexist in early (and maybe not so early) policy formulation documents. However, the results have not emphasized how the coexistence of these different frames is a result of the involvement - or lack thereof - of actors and organisations from different policy sectors, nor how frames could be tied to different policy sectors.

- Response by authors: This relates to your earlier point regarding the link between frames and sectors and the implications. We have addressed the emphasis on this link more explicitly in the discussion section (Page 23, lines 483-486).

4. Finally, I wonder whether the original research question - namely "what is the role of framing in early stages of intersectoral collaboration" - is really the question that this paper addresses. Please clarify or adjust the research question.

- Response by authors: This paper argues that frames impact the potential to work across sectors – the question has therefore been adjusted to fit the focus of the paper (Abstract, Page 2, line 47-49)

5. Key message 2. Do you mean that different frames are necessary? Or that all frames contribute to intersectoral action in different ways?

- Response by authors: The key message was aimed at highlighting that the different frames imply different levels of commitment to intersectoral action. This message has therefore been amended to demonstrate this point more clearly. (Page 3, line 73-74)

5. P. 3, line 46. The definition of intersectoral collaboration given here is specific to health policy. It should be clearly stated in the sentence. «Intersectoral collaboration for health as been defined as…».
There are other definitions of intersectoral collaboration that put greater emphasis on the theoretical component of sectors and intersectoral collaboration.

- Response by authors: This is a good point and signals the contention between various terms used to refer to collaborative engagements. This definition as you pointed out refers to intersectoral collaboration for health and has been amended to capture the health policy definition. (Page 3, line 83)

6. P. 4, line 86. Could you please situate the FTD initiative for readers who are not familiar with the subject? For instance, is it a global initiative? A South-African initiative? You give this information later in the paper but it would help to know as early as page 4.

- Response by authors: Thanks you for this suggestion. Information regarding the origin of the FTD has been made clear in Page 4 (lines 89, 102-105). The FTD begins as a global advocacy concept and is recognised as a crucial period within South African National policies but only the Western Cape province embarks on formulating the FTD as an initiative.

7. P. 6-7. Several concepts are used in the theoretical framework: ideas, frames, narratives. Is it useful to refer to narratives? My concern is that it introduces other conceptual nuances that may distract from your main focus or confuse the reader.

-Response by authors: Narratives were used in this explanation to signal that ideas can become entrenched into new narratives/storylines of the particular problem or solution. We agree that the concept of narratives goes beyond the scope of this paper. This concept has therefore been removed from page 7, lines (172,173)

8. P. 17 Is the socio-economic frame linked to FTD explicitly? I understand that this frame proposes a broader approach, linking early childhood within a social determinants of health approach. But it would be interesting to have a bit more context as to how it was presented in FTD policy documents.

- Response by authors: The Western Cape provincial strategies locate the FTD within broader goals of a whole of society approach. This is linked to the provincial goal of shifting from a predominant focus on illness to one that embraces social determinants of health and a wellness focus. Therefore, documents released by the FTD executive committee (designated body for implementing the FTD which is part of the health programs directorate of the department of health) in early stages position a whole of society approach to address the FTD (socio-economic frame). The sentiments above have been included in Page 20 to reflect this context. (lines 400-404, 417-422)

Reviewer 2

1. Important paper on an important but under-researched area. Interesting deployment of Schmidt's framing devices/conceptualisations on a particular policy issue in South Africa. Good learnings outlined which will be useful to others involved in inter-sectoral collaboration.

- Response by authors: Thank you for the review and comments on the paper. We have addressed the comments pointed out below.
2. Explain in the introduction more clearly why this is a "highly contested" policy space/area

- Response by authors: The contestation referred to in the introduction captures the challenges facing the policy process of the FTD, related to its intersectoral nature and unclear solutions. The last paragraph in page 5 (from line 132) captures the complexity of unclear solutions and intersectoral processes. This continues in the first paragraph of page 6. We have located the complexity in previous policy experiences to explain this further in page 6 (line 144-147).

3. Who is the "we" in the methods? Is it all the authors? Who did what? Can this be clearer earlier on.

- Response by authors: The document selection process and coding was done by the main author as part of her doctorate. The co-authors were involved in the analysis and interpretation process of the results. This information has been indicated earlier in the methods (Page 8, lines 206-208, Page 10 lines 248-250).

4. Results are strong. The merging between international discourse and national action is interesting - should this also come out in the discussion?

- Response by authors: We had initially explored the concept of policy transfer as a way of capturing the link between international discourse and national work. Based on the interest in frames and collaboration, exploring the concept of policy transfer was beyond the scope of this paper. However, we have pointed out briefly in the discussion that this analysis reveals the influence of global ideas on local agenda setting processes. (Page 22, line 461,462)