Reviewer’s report

Title: How and Why Do Win-Win Strategies Work in Engaging Policymakers to Implement Health in All Policies? A Multiple-Case Study of Six State- and National-Level Governments

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Reviewer: Ana Belen Espinosa Gonzalez

Reviewer's report:

Many thanks for inviting me to review the manuscript "How and why do win-win strategies work in engaging policymakers to implement Health in All Policies? A multiple-case study of six state- and national-level governments", which I think is a potential valuable contribution to enhance the sustainable implementation of HiAP and its assessment.

As the title indicates, the manuscript evaluates the mechanisms through which win-win strategies are effective when implementing HiAP. Authors apply their systems framework to identify those mechanisms in six national and sub-national settings using primary and secondary data. The identified mechanisms (i.e., creation of a shared language between different sectors and definition of multi-sectoral outcomes) are relevant at sectoral level, rather than at executive or extra-governmental levels as per authors' framework. Authors recommend the use of these mechanisms in HiAP design and implementation.

My main comments are the following:

1) I think the authors have done a lot of work and there is no doubt that this type of assessment involved complex methods. Authors have explained the methodology in a previous article (cited) and provide a summary of it in this manuscript but, in my opinion, there are some aspects of the methods that lack detail and remain a bit unclear. I think authors could clarify some of the aspects (see the point-by-point description) to help readers and make this article more self-contained.

2) I think the authors were careful in the selection of results presented (I can imagine that this study generated a lot of data and it is important to be selective in order not to overwhelm the reader with a lot of information); however, I think the results provided could be supported or complemented with some intermediary results that led you to identify the main results (i.e., the two win-win mechanisms). It could be really helpful for researchers interested in conducting similar studies to have more examples on the processing of the data collected or some context-mechanism-outcomes (CMO) pattern configurations, for example.

3) The strength of the study is properly justified, but the limitations and generalisability of results are less discussed. Other than limitations related to informant's expertise or recall bias, as reported by authors, I think there could be other potential challenges in this research related to interviewers, for example, or different languages.
4) About "Engaging Policymakers" (in the title and manuscript). I think using "policymakers" limits the potential implications of the study findings to governmental level (i.e., public actors). However, in my opinion, the strategies/mechanisms presented may be also useful to engage extra-government actors (e.g., private sector, NGOs), which are also HiAP policymaking stakeholders (to a varying degree, as pointed out in the discussion (page 14)). If your intention is to limit the findings to government level (as I think it is), I agree with your term. Otherwise, I think you could use "Engagement policymaking stakeholders" to also include non-government actors.

Point-by-point comments

Background:

1. Line 107: Could you briefly explain what the idea of emergence is about?

2. Lines 149-154: This is a long sentence a bit difficult to follow in my opinion. I think it could be clearer if you enumerated the mechanism. For example:
   "we expected that this would occur through an intentional need by the lead sector (i.e., HiAP management) to (1) understand the mission/culture of participating sectors (i.e., sectoral objectives) and develop a shared language (i.e., sectoral ideology, workforce HiAP awareness), (2) use dual outcomes (i.e., HiAP management and sectoral objectives), and/or (3) use public-health arguments (i.e., HiAP management, sectoral objectives, and workforce capacity) to convince sectors to participate."

Methods

1. Which other settings (identified in the scoping review) had HiAP initiatives implemented but were not included in the study?

2. The sampling method, which as I understand was purposeful and snowball sampling (Table 2) could be mentioned in the data collection subsection.

3. Line 191-198: It is not clear who made the interviews. Was it the researchers? If so, do the researchers speak each of the languages of the countries included? Otherwise, were interpreters used?

4. Were the interviews audio recorded?

5. The COREQ Checklist is really useful to ensure quality in the reporting of qualitative research. If authors have not followed it, I suggest it to help the reporting.

6. Could you please include the semi-structured interview guide (or a summary of it) to give the reader an idea of the information obtained through interviews? This will be also useful for any researcher willing to conduct a similar study.
7. What type of coding did you use?

8. Line 196-197: What criteria did you follow to summarise the interviews? By summarising, are you meaning grouping of codes into categories?

9. Line 225: Could you explain briefly what the replication logic is about to help readers unfamiliar with case study analysis?

10. Line 227: Can you mention that theoretical replication is also referred to as contrast replication in the manuscript?

11. Regarding information included in Table 4, do you use the same data (literature review plus informant information) to define each country's HiAP initiatives and determine the strength and clarity of their mandates?

12. Lines 224-234: I am a bit confused about the criteria followed to differentiate strong versus weak and clear versus unclear mandates. Could you add two or three words about what you mean by strong commitment and clear mandate? For example, is the mandate strong if there is interministerial or intersectoral council and allocates specific funding to the implementation? Is the mandate clear if it contains targets or mechanisms for monitoring its implementation? I think this could be clearer.

13. Table 2 is a bit dense to read, I think describing the analysis steps with bullet point lists could improve this.

Results

1. Could you provide some descriptive statistics of the informants? Such as number of informants per country and professional background.

2. Could you give examples of CMO configurations extracted from the gathered data including whether they refute or confirm the hypothesis? A table with this information could be very helpful to understand how you processed the data and provide more rigour to your results section. Moreover, it can be useful for researchers willing to pursue similar studies. If participant source is not possible, you could include examples from the literature.

3. Line 251-252: The text between quotation marks, is this an informant's quotation? If so, could you indicate this?

4. Table 5 label could be more specific.
Discussion

1. Line 340: In my opinion, Surprising is an ambiguous adjective to qualify the results.

2. I think differences in language or cultural background could involve a challenge to obtained comparable qualitative information on policy implementation, was this a challenge for researchers in this study as well? were there any other challenges or limitations in the development of the study?

3. What about the generalisation of results? Authors already commented the differences in evidence supporting public-health argument as win-win strategy after broadening the sample. Is there any reason to suspect that the success of shared-language or dual outcome mechanisms for HiAP implementation could be challenged in any particular setting?

Level of interest
Please indicate how interesting you found the manuscript:

An article of importance in its field

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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