

PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Addressing inequities in child health and development – towards social justice
AUTHORS	Spencer, Nick; Raman, Shanti; O'Hare, Bernadette; Tamburlini, Giorgio

VERSION 1 – REVIEW

REVIEWER	Reviewer name: Simon Lenton Institution and Country: NHS UK Competing interests: None
REVIEW RETURNED	23-Apr-2019

GENERAL COMMENTS	<p>Addressing inequities in child health and development – towards social justice</p> <p>BMJ Paediatrics Open review</p> <p>This is a hugely important topic which if tackled effectively could potentially improve the lives of millions of children worldwide. However, it is also hugely complex and largely dependent upon macro economic policy within the global economy and while there is a significant evidence about the effect of poverty and inequity on health and development, there is a less robust evidence base for a range interventions that are universally applicable in both high and low income economies.</p> <p>In the absence of complete evidence, a human/child rights approach supported by democracy and the rule of law (e.g. Council of Europe) is the correct approach to tackling inequity. A distillation of the UN Convention on the Rights of the Child would suggest five interrelated approaches: protection from hazards (determinants that cause harm), promotion of exposure to assets (positive determinants), access to high quality provision (especially education and health, active participation (at individual and population levels) and finally a relentless focus on prevention to reduce future morbidity/inequities.</p> <p>This paper distils the longer ISSOP position statement with the same title that is currently available on the ISSOP website. It is not clear from this submitted paper that a more detailed paper is available on the ISSOP website as it is not referenced.</p> <p>A slightly longer discussion of the definitions, concepts and semantics around health equity might be helpful for the uninitiated reader at the beginning of this paper. For example, some authors use “social determinants” as an umbrella term to include social (interactions between people), employment/economic (distribution of opportunity/wealth), environmental (air, food, water, housing etc), some include and some exclude access to affordable services. The WHO uses social determinants of health as a comprehensive description of the conditions in which people are born, grow, live,</p>
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	<p>work and age which are then shaped by the distribution of money, power and resources at global, national and local levels. Other authors use less comprehensive but more specific definitions when considering the causes of inequities. Health equity should mean that everyone has a fair and just opportunity to be as healthy as possible.</p> <p>The paper considers four categories of actions to promote equity: strengthening individuals; strengthening communities; improving living and working conditions and promoting healthy macro-policies; then calls on governments, policy-makers, paediatricians and other child health professionals and their organisations to act to reduce child health inequity as a priority.</p> <p>Since the readership of the open BMJ is largely clinical and as the evidence on the effect of inequity is well covered in the ISSOP position statement, it might be prudent to expand the section on actions to address inequity while reducing the proportion of the paper relating to evidence of effect.</p> <p>The paper tends to address action towards paediatricians but it is equally true for all health professionals working with children and families, indeed, also groups working with children and families outside health service provision.</p> <p>Visual representation of ideas is important and Figure 13 in the ISSOP position paper is more easily understood than figure 2 included in the submitted paper.</p> <p>Likewise figure 10 in the position paper could be replaced by the diagram 2.4 from Neil Halfon (https://www.nap.edu/read/21795/chapter/3#14) or something similar to illustrate different trajectories depending on exposure to determinants throughout the life course and included in this submitted paper.</p> <p>There are a number of small typographical errors that need correction in the submitted manuscript. Pg 3 line 44 determinates Pg 9 line 13 double close brackets Pg 10 line 3 sustainable development goals inconsistent use of italics within references.</p> <p>Ref ISSOP position statement 1 on child health inequities – June 2018 update https://www.issop.org/cmdownloads/issop-position-statement-1-on-child-health-inequities-june-2018-update/</p>
REVIEWER	<p>Reviewer name: Professor Margaret Whitehead Institution and Country: University of Liverpool, UK Competing interests: I have no competing interests</p>
REVIEW RETURNED	07-May-2019
GENERAL COMMENTS	<p>This is a well written paper on an important topic. The content is highly relevant to current debates about how to address inequities in child health. There are a few ambiguities or omissions, but it is publishable with some revisions and clarifications detailed below.</p> <p>Specific comments</p>

	<p>Major:</p> <ol style="list-style-type: none"> 1. The purpose of the paper needs to be clearly stated. On page 3, the paper is described as a “Position Statement”, but whose position is it? What organisation does it represent? In the abstract, it states “we call on governments, policy-makers...”, but who is doing the calling? Who are “we”? 2. The paper describes inequities in health between countries and within countries but all the policies and recommendations are about how to address inequities in health WITHIN countries only. Inequities in health BETWEEN countries have different causes and different solutions, so I think it would be best to concentrate the paper on one or the other, not both – and I would recommend choosing WITHIN country inequities in health and how to tackle them, as that is what all policies and recommendations on pages 6 to 11 are concerned with. The authors can still include the evidence from LMICs and HICs, but make it clear that the cited studies refer to how to reduce inequities in child health within countries. 3. Affordability of health services and out-of-pocket spending: Page 7, line 45 – 46, it states “A living wage is essential as a protection against catastrophic out-of-pocket health spending” – but that ignores the main issue. Even high income groups in LMICs (and in HICs such as the USA) are not protected from catastrophic health spending – you need changes to the financing of the health care system to provide pre-payment system (funded either through progressive income tax or universal social insurance) to eliminate out-of-pocket payments at the point of use. Table 2 on page 8 also misses the important point about affordability of health services – countries can have available and geographically accessible services that still can’t be used by sizeable sections of the population because they are not affordable. Insert and extra point about affordability in Table 2. <p>Minor:</p> <ol style="list-style-type: none"> 4. Reference 3 – “Whitehead 2000” – the year should be 1990, not “2000”. 5. Figure 1 and 2 need more explanatory titles and labels. In addition, in Figure 2, it needs a key (what is Gi and G2 and “SES”) and it is not entirely clear what is going on here – it needs further explanation in the text if the authors are going to retain that figure. 6. On page 3, lines 42-45: the ‘upstream’/downstream explanation is not quite right. For example, ‘local’ does not always equate to ‘downstream’ – local living and working conditions, or pollution and air quality in certain neighbourhoods are local but upstream in nature in that they have structural causes and prevention may involve changing the local environment, rather than changing the personal habits or behaviour of individuals living in those areas. Clarify these sentences.
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VERSION 1 – AUTHOR RESPONSE

We thank the reviewers for their helpful and valuable comments.

Comment: This is a hugely important topic which if tackled effectively could potentially improve the lives of millions of children worldwide. However, it is also hugely complex and largely dependent upon macro economic policy within the global economy and while there is a significant evidence about the effect of poverty and inequity on health and development, there is a less robust evidence base for a

range interventions that are universally applicable in both high and low income economies.

In the absence of complete evidence, a human/child rights approach supported by democracy and the rule of law (e.g. Council of Europe) is the correct approach to tackling inequity. A distillation of the UN Convention on the Rights of the Child would suggest five interrelated approaches: protection from hazards (determinants that cause harm), promotion of exposure to assets (positive determinants), access to high quality provision (especially education and health, active participation (at individual and population levels) and finally a relentless focus on prevention to reduce future morbidity/inequities.

This paper distils the longer ISSOP position statement with the same title that is currently available on the ISSOP website. It is not clear from this submitted paper that a more detailed paper is available on the ISSOP website as it is not referenced.

This was an omission. We have inserted a reference [3] and clarified that this is a short version of the Position Statement

P.3 “This short version of the ISSOP Position Statement [3]

A slightly longer discussion of the definitions, concepts and semantics around health equity might be helpful for the uninitiated reader at the beginning of this paper. For example, some authors use “social determinants” as an umbrella term to include social (interactions between people), employment/economic (distribution of opportunity/wealth), environmental (air, food, water, housing etc), some include and some exclude access to affordable services. The WHO uses social determinants of health as a comprehensive description of the conditions in which people are born, grow, live, work and age which are then shaped by the distribution of money, power and resources at global, national and local levels. Other authors use less comprehensive but more specific definitions when considering the causes of inequities. Health equity should mean that everyone has a fair and just opportunity to be as healthy as possible.

We agree with the reviewer that a fuller discussion of issues around health equity would be interesting and informative; however, in view of the constraints of the word count, we think our paragraph on P.3 starting “The social and economic determinants ...” provides a brief but fairly comprehensive introduction to social determinants which is consistent with the definition used by the WHO. We think the reviewer’s final sentence is a powerful positive statement of health equity and, with a little modification, have added it to the first paragraph of the section on Statement of the Problem.

P.3: “Child health equity means that every child has a fair and just opportunity to be as healthy as possible.”

The paper considers four categories of actions to promote equity: strengthening individuals; strengthening communities; improving living and working conditions and promoting healthy macro-policies; then calls on governments, policy-makers, paediatricians and other child health professionals and their organisations to act to reduce child health inequity as a priority.

Since the readership of the open BMJ is largely clinical and as the evidence on the effect of inequity is well covered in the ISSOP position statement, it might be prudent to expand the section on actions to address inequity while reducing the proportion of the paper relating to evidence of effect.

We accept that clinicians will wish to focus on actions to promote equity but it is also important to stress the extent of the effect of inequity. The Policies & Interventions that work section combined with the Recommendations is more extensive than the section of the effect of inequity.

Comment: The paper tends to address action towards paediatricians but it is equally true for all health professionals working with children and families, indeed, also groups working with children and families outside health service provision.

We agree with the reviewer's comment and have added in the introduction and elsewhere reference to other professionals working with children:

P2: "...and actions by paediatricians and professionals working with children, their national and international societies..."

Comment: Visual representation of ideas is important and Figure 13 in the ISSOP position paper is more easily understood than figure 2 included in the submitted paper.

We attempted to get permission to use the figure but have been unable to contact the Center for Law and Social Policy by whom the original figure was published. We have omitted Figure 2 but retained the description of the 3 Generation approach in the text

Comment: Likewise figure 10 in the position paper could be replaced by the diagram 2.4 from Neil Halfon (<https://www.nap.edu/read/21795/chapter/3#14>) or something similar to illustrate different trajectories depending on exposure to determinants throughout the life course and included in this submitted paper.

We accept the need to stress the importance of differential exposure to risk and protective factors in establishing different trajectories in early childhood and have added a sentence to the section on ECD:

From very early in life, and particularly since conception and up to the third year, risk and protective factors combine to determine different trajectories in child development, ranging from very delayed to optimal, which will continue to produce their effects throughout the life course [24].

However, we have not included Neal Halfon's diagram as we have concerns that it gives the impression that the various factors have a specific age where they produce their effect whereas they act throughout early childhood.

Comment: There are a number of small typographical errors that need correction in the submitted manuscript.

Pg 3 line 44 determinates DONE

Pg 9 line 13 double close brackets DONE

Pg 10 line 3 sustainable development goals DONE

inconsistent use of italics within references. DONE

Ref

ISSOP position statement 1 on child health inequities – June 2018 update

<https://www.issop.org/cmdownloads/issop-position-statement-1-on-child-health-inequities-june-2018-update/>

Nick

hope life is treating you well

I do hope you do not feel I have been overly critical
I would like this article to be influential
All the best
Simon

Reviewer: 2

General comments

This is a well written paper on an important topic. The content is highly relevant to current debates about how to address inequities in child health. There are a few ambiguities or omissions, but it is publishable with some revisions and clarifications detailed below.

Specific comments

Major:

1. The purpose of the paper needs to be clearly stated. On page 3, the paper is described as a "Position Statement", but whose position is it? What organisation does it represent? In the abstract, it states "we call on governments, policy-makers...", but who is doing the calling? Who are "we"?

We thank the reviewer for identifying this lack of clarity. See the response above to Reviewer 1 – we have clarified that "we" is ISSOP and have made it clear that this is a short version of the ISSOP position statement which is now referenced.

2. The paper describes inequities in health between countries and within countries but all the policies and recommendations are about how to address inequities in health WITHIN countries only. Inequities in health BETWEEN countries have different causes and different solutions, so I think it would be best to concentrate the paper on one or the other, not both – and I would recommend choosing WITHIN country inequities in health and how to tackle them, as that is what all policies and recommendations on pages 6 to 11 are concerned with. The authors can still include the evidence from LMICs and HICs, but make it clear that the cited studies refer to how to reduce inequities in child health within countries.

We acknowledge that the cited studies and the Policy & Interventions section focus mainly on reducing within country inequity. We have retained Table 1 in order to illustrate the extent of global inequity but have reduced some of the data on between country inequity and added a sentence at the beginning of the Policy and Interventions section as follows:

P6: "While recognising the importance of international policy interventions in responding to within country inequity, this section focuses mainly on within country policy to promote child health equity".

3. Affordability of health services and out-of-pocket spending: Page 7, line 45 – 46, it states "A living wage is essential as a protection against catastrophic out-of-pocket health spending" – but that ignores the main issue. Even high income groups in LMICs (and in HICs such as the USA) are not protected from catastrophic health spending – you need changes to the financing of the health care system to provide pre-payment system (funded either through progressive income tax or universal social insurance) to eliminate out-of-pocket payments at the point of use. Table 2 on page 8 also misses the important point about affordability of health services – countries can have available and geographically accessible services that still can't be used by sizeable sections of the population because they are not affordable. Insert and extra point about affordability in Table 2.

We thank the reviewer for drawing attention to the omission of affordability from the Table 2. Table 2 is taken from another publication and we felt it was not appropriate to add to it. Instead, we have added to the sentence preceding the table on P.7.

P.7: "Poor and marginalised people face barriers in access to, affordability of, and use of health interventions...."

In addition, we draw the reviewers' attention to the discussion of affordability in both LMICs and HICs at the bottom of P4.

P.4: "The majority of conditions responsible for mortality and morbidity among children in LMICs are preventable and treatable but limited access and affordability continue to deny poor children essential treatment. Lack of medical insurance in some HICs also excludes many poor children from access to essential treatment."

Minor:

4. Reference 3 – "Whitehead 2000" – the year should be 1990, not "2000". DONE
5. Figure 1 and 2 need more explanatory titles and labels. In addition, in Figure 2, it needs a key (what is Gi and G2 and "SES") and it is not entirely clear what is going on here – it needs further explanation in the text if the authors are going to retain that figure.

See comment above to Reviewer 1, we have omitted the figure as we have been unable to obtain permission to use it.

6. On page 3, lines 42-45: the 'upstream'/downstream explanation is not quite right. For example, 'local' does not always equate to 'downstream' – local living and working conditions, or pollution and air quality in certain neighbourhoods are local but upstream in nature in that they have structural causes and prevention may involve changing the local environment, rather than changing the personal habits or behaviour of individuals living in those areas. Clarify these sentences.

We accept the reviewer's point and have removed the two sentences referring to upstream and downstream and removed the only other mention of upstream on p.10