

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Intersectoral approaches and integrated services in achieving the right to health for refugees upon resettlement: A scoping review Protocol
<b>AUTHORS</b>	Javadi, Dena; Langlois, Etienne V.; Ho, Shirley; Friberg, Peter; Tomson, Göran

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Dr Julia Anaf Southgate Institute for Health, Society and Equity, Flinders University of South Australia
<b>REVIEW RETURNED</b>	10-Apr-2017

<b>GENERAL COMMENTS</b>	I found this article very helpful in clearly expressing the protocol for a scoping review including two framework applications. Taken together these can assess barriers and enablers of refugee health service provision; the context for protecting refugee health; and optimising intersectoral approaches and service integration to this end. I do not have any suggested changes to the draft.
-------------------------	--

<b>REVIEWER</b>	Ricardo Batista University of Ottawa, Ontario, Canada
<b>REVIEW RETURNED</b>	13-Apr-2017

<b>GENERAL COMMENTS</b>	<p>General comments</p> <p>The manuscript proposes a protocol to conduct a scoping review to assess barriers and facilitators to health services among refugees, and the use of intersectoral approaches to address refugees' right to health.</p> <p>The topic is very relevant to the current global context of an increased influx of refugees in some regions, particularly in major refugees receiving countries worldwide.</p> <p>Introduction</p> <p>This section provides a good background to the importance of the problem and the rationale to conduct the review. There are some minor aspects to be revised.</p> <p>The second sentence on page 2, "A lack of coordination and integration across these services undermines their effectiveness", is not clear to what the possessive pronoun 'their' is referring to. (page 2, line 100).</p> <p>Later in the Introduction, when exposing the objective of the review, it is stated that "...aims to assess barriers and facilitators to health promotion services ..." (page 5, line 116). Is it 'health services' in general, as stated in the abstract; or is it specifically 'health</p>
-------------------------	--

	<p>promotion services'? Please clarify this point, and make it consistent throughout the protocol.</p> <p><b>Methods</b>  The methodological approach is appropriate and properly described. However, there are some details that would be important if they can be expanded or clarified.  The protocol proposes the Joanna Briggs Institute Methods Manual for scoping reviews' methodology as the main approach for the review, cited by reference 17 (page 6, line 132). Thus citing reference 18 (Arksey H. and O'Malley, 2005) here seems unnecessary, unless that methodology is based on the Arksey H. &amp; O'Malley's framework for scoping studies; in which case it should be clarified.  The sentence describing the use of the PRISMA-P reporting framework needs a grammatical review (page 7, line 141).  When describing how to identify the relevant studies, the authors states that "If the studies do not display some level of integration nor intersectorality, based on the combined frameworks..." they won't be further assessed (page 9, line 196). But, how the level of integration and intersectorality will be determined? How will the two combined frameworks be applied in selecting the documents? This is a key element to ensure the relevance of the selection. Is there any instrument that will be applied? Or would it be created for that purpose?  In the time period, it is stated that "...only studies from 2000 onward have been included..." (page 10, line 213); was the search already performed, or it will be?  In the data extraction and charting process it would be helpful to provide more details of the particular conceptual framework (when possible at this time), that would be used to extract and categorize the retrieved data (page 11). For example, level of the system (e.g. primary care, secondary care, tertiary care; or clinics, hospital, community,?), the type of intervention (e.g. behavioural, medical, social; or health promotion, prevention, medical care; or other), social determinants addressed (using the model of the WHO-CSDH framework, or other).</p> <p><b>Results</b>  This section provides a good notion on how the results will be described and presented. Again, when pertinent, it would be helpful to provide some details of the categories used for some of the categories of the description, such as the levels of the health system.  Some content in this section can be moved up to the Methods. For instance, the reference to 'not-performing a meta-analysis' (page 12, line 271); and also the reference related to the coding process using the NVivo software (page 12, lines 275-276).</p> <p><b>Discussion</b>  This section provides a brief view of the utility of the results and its implications for policy making.</p>
--	--

**VERSION 1 – AUTHOR RESPONSE**

Reviewers' Comments to Author:	
Reviewer: 1	
I found this article very helpful in clearly expressing the protocol for a scoping review including two framework applications. Taken together these can assess barriers and enablers of refugee health service provision; the context for protecting refugee health; and optimising intersectoral approaches and service integration to this end. I do not have any suggested changes to the draft.	Thank you.
Reviewer: 2	
General comments	
The manuscript proposes a protocol to conduct a scoping review to assess barriers and facilitators to health services among refugees, and the use of intersectoral approaches to address refugees' right to health.	
The topic is very relevant to the current global context of an increased influx of refugees in some regions, particularly in major refugees receiving countries worldwide.	Thank you.
Introduction	
This section provides a good background to the importance of the problem and the rationale to conduct the review. There are some minor aspects to be revised.	
The second sentence on page 2, "A lack of coordination and integration across these services undermines their effectiveness", is not clear to what the possessive pronoun 'their' is referring to. (page 2, line 100).	clarified as the effectiveness of services
Later in the Introduction, when exposing the objective of the review, it is stated that "...aims to assess barriers and facilitators to health promotion services ..." (page 5, line 116). Is it 'health services' in general, as stated in the abstract; or is it specifically 'health promotion services'? Please clarify this point, and make it consistent throughout the protocol.	it is health services in general and has been corrected throughout the protocol to ensure consistency
Methods	

<p>The methodological approach is appropriate and properly described. However, there are some details that would be important if they can be expanded or clarified.</p>	
<p>The protocol proposes the Joanna Briggs Institute Methods Manual for scoping reviews' methodology as the main approach for the review, cited by reference 17 (page 6, line 132). Thus citing reference 18 (Arksey H. and O'Malley, 2005) here seems unnecessary, unless that methodology is based on the Arksey H. &amp; O'Malley's framework for scoping studies; in which case it should be clarified.</p>	<p>corrected to just cite the JBI methods</p>
<p>The sentence describing the use of the PRISMA-P reporting framework needs a grammatical review (page 7, line 141).</p>	<p>grammar corrected</p>
<p>When describing how to identify the relevant studies, the authors states that "If the studies do not display some level of integration nor intersectorality, based on the combined frameworks..." they won't be further assessed (page 9, line 196). But, how the level of integration and intersectorality will be determined? How will the two combined frameworks be applied in selecting the documents? This is a key element to ensure the relevance of the selection. Is there any instrument that will be applied? Or would it be created for that purpose?</p>	<p>This line has been added: This will be assessed using a data abstraction chart where the key elements of the two frameworks will be laid out and contrasted against the studies found.</p>
<p>In the time period, it is stated that "...only studies from 2000 onward have been included..." (page 10, line 213); was the search already performed, or it will be?</p>	<p>search was performed and the end date has now been included</p>
<p>In the data extraction and charting process it would be helpful to provide more details of the particular conceptual framework (when possible at this time), that would be used to extract and categorize the retrieved data (page 11). For example, level of the system (e.g. primary care, secondary care, tertiary care; or clinics, hospital, community,?), the type of intervention (e.g. behavioural, medical, social; or health promotion, prevention, medical care; or other), social determinants addressed (using the model of the WHO-CSDH framework, or other).</p>	<p>Specifics of data abstraction details added in parentheses for demographics, health system level, type of intervention and SDH (including reference)</p>
<p>Results</p>	
<p>This section provides a good notion on how the results will be described and presented. Again, when pertinent, it would be helpful to provide some details of the categories used for some of the categories of the description, such as the levels of the health system.</p>	<p>Added specifics to health system levels</p>

Some content in this section can be moved up to the Methods. For instance, the reference to 'not-performing a meta-analysis' (page 12, line 271); and also the reference related to the coding process using the NVivo software (page 12, lines 275-276).	As suggested, more methods-specific elements have been moved to methodology
Discussion	
This section provides a brief view of the utility of the results and its implications for policy making.	

### VERSION 2 – REVIEW

<b>REVIEWER</b>	Ricardo Batista University of Ottawa
<b>REVIEW RETURNED</b>	31-May-2017

<b>GENERAL COMMENTS</b>	<p>The authors have responded satisfactorily to the comments and observations made.</p> <p>However, one aspect has called my attention in the revised version. In this version, the asylum seekers are explicitly included as a target group, but the Introduction only make reference to refugees (although in the original version 'asylum' was already included in the search strategy). As the authors surely know, these are two different categories of migrants and have different policy implications, and asylum seekers are not usually included in programs for refugees. Therefore, the authors should explain the rationale for the focus on asylum seekers and how this specific group will be considered in the data extraction and discussion of results.</p>
-------------------------	---

### VERSION 2 – AUTHOR RESPONSE

Thank you very much for your review and comments. We agree with Dr Batista on his remark regarding the distinction between asylum seekers and refugees. We decided to include asylum seekers because given the scale of the current refugee crisis and the time it takes to grant refugee status, we wanted to be able to capture programs that also address the needs of asylum seekers awaiting full legal refugee status. This will be disaggregated in data extraction and differences will be discussed in results. We are also curious to consider the differences in access between the two legal statuses.

### VERSION 3 – REVIEW

<b>REVIEWER</b>	Ricardo Batista University of Ottawa
<b>REVIEW RETURNED</b>	24-Jun-2017

<b>GENERAL COMMENTS</b>	Thanks to the authors for addressing the comments made. I satisfied with their response and with the amends to the Protocol.
-------------------------	--