**Manuscript evaluation guidelines**Title: Affirmative action for minorities in India: scoping the impact and charting future research and practice agenda  
  
  
1. Importance of the paper  
  
           Does it address issues relevant to the fields of bioethics and medical ethics in the developing countries?

While to me the issue of affirmative action which the paper discusses is an important broader determinant of health, especially one that has been adopted in India, I feel that the authors need to make the link more explicitly. It would be good both in the introduction and in the conclusion to make the links more explicit and thus justify the inclusion of the paper in a journal of ethics.   
  
2. Is it topical?  
  
           Is the issue discussed from another country's/culture perspective? No it takes a specific Indian perspective  
  
           Will it influence practice or policy? I think the contribution of the paper will be more in terms of a contribution to the debate around affirmative action rather than have direct policy implications. I feel that this is an important contribution in its own right.   
  
           Is it too specialized for the journal? No   
  
3. Originality  
  
           Is the information /comment new? I think this is not necessarily new in that the findings are not unexpected – but it is important that the authors bring evidence across sectors into one paper. In this attempt I think it is a valuable contribution.

Is there any likelihood of plagiarism? It does not seem likely.   
  
  
4. Conclusions  
           Is the interpretation warranted, unwarranted, well developed? Given the level of debate around the issue of affirmative action in India I think the discussion is not adequately developed. While the findings itself are fine – I think the authors need to do two things to enhance the paper- one is to place their findings in the larger literature that analyses and debates affirmative action in the country; the second is to atleast allude to the current debates in policy implementation (which they have discussed) and what this paper contributes in the context of this literature. For the first point I offer as a example - *Christophe Jaffrelot (2006) The Impact of Affirmative Action in India: More Political than Socioeconomic, India Review, 5:2, 173-189, DOI: 10.1080/14736480600824516.* For the second point I made please see - *Carol Bacchi (2004) Policy and discourse: challenging the construction of affirmative action as preferential treatment, Journal of European Public Policy, 11:1, 128-146, DOI:10.1080/1350176042000164334*. These are both just examples of the type of literature I am referring to. In my opinion placing the study in the context of the types of arguments made by these (and similar) papers, will greatly enhance the findings of this paper.   
  
           Does the article contain loose generalisations? No  
  
           Are there any important omissions? In the discussion on Health the authors have made the contention that there is no example of affirmative action – I think this conclusion is reached due to a somewhat mechanical use of the term. Thus for example I can list at least four places where there could be examples:

* The impact of reservations on the composition of health workforce and its impact on the acceptability of the services to the community they serve – this point is mentioned for example in Dreze and Sen’s book – India Development and Participation – chapter on health – where they take the example of Tamilnadu as an example where such reservation means that the caste / class composition of the health workers is similar to the patients they serve. They see this as contributing to the increasing access and utilization of Tamilnadu health services.
* The second is a linked point that is much talked about but not sure how much it is researched – that is the impact of reservation in medical colleges to the MBBS graduates who go back and serve the rural areas – If I am right Padmanabhan et al’s paper on the Tamilnadu model in the BRAC journal or EPW refers to this point. The point is that those who avail of reservations invariably go back to serve in the areas they come from.
* The third is the example of minority medical institutions – and the proportion of such students admitted through the church sponsorship – in CMC Vellore and St. Johns for example who serve in the rural areas (at least for their bond) and the possible impact this has on equity. I am not though aware of any systematic study in this area.
* The fourth is in fact the example of Odisha it self – literature specifically notes the fact that the infant mortality rate in Odisha is faster than MP due to the presence of health programs targeting the adivasis. Nguyen, K.-H., Jimenez-Soto, E., Dayal, P., & Hodge, A. (2013). Disparities in child mortality trends: What is the evidence from disadvantaged states in India? The case of Orissa and Madhya Pradesh. International Journal for Equity in Health, 12(1), 45.

The points I have made above could be equally relevant to education I assume.

The key point here is that it is not clear what the framework of analysis of affirmative action the authors use is. Thus if the aim was only to study affirmative action from the perspective of the direct beneficiary there is one approach, but if on the other hand one maps out all the ways such policies have an impact there is a quite another set of aspects like I have suggested above. Similarly I think that looking at affirmative action as “preferential treatment” vs “social justice” (as Bacchi does in the paper I have referred to above) will lead one to quite different conclusions. While the authors may not be able to make these changes in the results of the paper – I would strongly urge that these points be brought into the discussion in order to place the findings in the larger ongoing debates.

5. Other comments  
  
The authors use a very innovative method of first doing a literature survey and using the findings to trigger discussions in three workshops – however one fails to see clearly what came out in those groups – in fact one is left searching for them. While there are a few sentences in the final section – it is not clear in what ways the group discussions affirmed or differed from the conclusions of the literature review – and what this can tell us? It would be great if the authors could lift these discussions up a bit. I think this would be a valuable contribution.

6. Recommendation  
  
 Accept as is  
  
 Accept with modifications (specify)  
  
 - style

- substance  
Specifically the authors could do the following to enhance the quality of the paper in my opinion:

* Clearly describe their analytical framework vis-à-vis affirmative action while embarking on the study.
* Present an initial listing of pathways of impact of affirmative action that lead from this analytical framework.
* The evidence and what it says regarding each of these pathways – this section is already there. The gaps in the literature may be pointed out.
* Describe clearly the way in which the group discussion contributed to the understanding of the results of the literature survey.
* In the discussion place the findings in the context of the larger literature on affirmative action and policy implementation.
* In addition as mentioned above there is need to make the links to ethics more explicit.   
    
    
  7. Separate comments for the author – Please see the detailed comments above.

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\***Please let us know whether you would like your name to be published as a reviewer of the manuscript.This is optional.**

I am happy to have my name mentioned as a reviewer.

Comments of Reviewer 1:

1. While to me the issue of affirmative action which the paper discusses is an important broader determinant of health, especially one that has been adopted in India, I feel that the authors need to make the link more explicitly. It would be good both in the introduction and in the conclusion to make the links more explicit and thus justify the inclusion of the paper in a journal of ethics.
2. I think the contribution of the paper will be more in terms of a contribution to the debate around affirmative action rather than have direct policy implications. I feel that this is an important contribution in its own right.
3. I think the information is not necessarily new in that the findings are not unexpected – but it is important that the authors bring evidence across sectors into one paper. In this attempt I think it is a valuable contribution.
4. Given the level of debate around the issue of affirmative action in India I think the discussion is not adequately developed. While the findings itself are fine – I think the authors need to do two things to enhance the paper- one is to place their findings in the larger literature that analyses and debates affirmative action in the country; the second is to at least allude to the current debates in policy implementation (which they have discussed) and what this paper contributes in the context of this literature. For the first point I offer as a example - *Christophe Jaffrelot (2006) The Impact of Affirmative Action in India: More Political than Socioeconomic, India Review, 5:2, 173-189, DOI: 10.1080/14736480600824516.* For the second point I made please see - *Carol Bacchi (2004) Policy and discourse: challenging the construction of affirmative action as preferential treatment, Journal of European Public Policy, 11:1, 128-146, DOI:10.1080/1350176042000164334*. These are both just examples of the type of literature I am referring to. In my opinion placing the study in the context of the types of arguments made by these (and similar) papers, will greatly enhance the findings of this paper.

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* In the discussion place the findings in the context of the larger literature on affirmative action and policy implementation.

1. In addition, as mentioned above there is need to make the links to ethics more explicit.

Comments of Reviewer 2

1. The paper looks at how the various policies have tried to solve inequity in education, health and governance and is relevant.
2. It is completely about the Indian context though the working team included people from other countries.\
3. The paper will have an impact on the way new researches are coming in the context of equity. This will also help policy makers to decide on what needs to be evaluated.
4. In my limited knowledge, this paper has tried to cover 3 different sectors which are also the determinants of health. It is good to see such interdisciplinary work happening.
5. The conclusion and the recommendations mostly come from the Workshops conducted by the team with experts. And most of these recommendations were largely out of their learned experiences and expertise, which is well warranted.
6. I felt that certain other social vulnerabilities like disability, people living with HIV have not been covered. They should be included.
7. The manuscript states that there is a figure mentioned below:

Figure-1 Literature search strategy and outcomes, which is not available with the paper or which I have not received. If that is available, it should be provided, along with a mention of other vulnerable groups as stated above.