

Peer Review Report

Review Report on CHALLENGES OF ACHIEVING SURGICAL EQUITY IN SLUMS

Theory & Concept, Int J Public Health

Reviewer: Lionel Dumont

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EVALUATION

Q 1 Please highlight the limitations and strengths.

No answer given.

Q 2 Please comment on the reported results and data interpretation. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

No answer given.

Q 3 Please provide your detailed review report to the editor and authors (including any comments on the Q4 Check List):

The subject is of great importance, and I would like to express my gratitude to the authors for their interest in and engagement with it.

Overall, the article is of interest, although the digressions occasionally detract from the main argument.

Nevertheless, I am not persuaded by the article's central argument. It is also possible that I have misunderstood the message, but it seems unlikely that I am the only one. It would therefore be beneficial to clarify and simplify the message for greater understanding.

The article presents a series of compelling concepts, although the rationale behind the argument regarding the relationship between surgical procedures and the health of impoverished communities is not entirely clear.

The authors appear to be characterising surgery as a concept, whereas it is, in fact, a set of pathological situations whose treatment is surgery. As with the contextual example of disability-adjusted life years (DALYs) used by the authors (p. 10, line 211), surgical pathologies are so varied and dissimilar that it seems challenging to categorise them under a single generic designation when proposing to achieve equity of access to surgical care.

The style is notably narrative, which can be somewhat confusing when one is expecting a more systematic methodology. There is occasionally a certain degree of confusion between the specific pathologies that are the subject of surgical procedures and the broader concept of overall health. The recommendations proposed to reduce the burden of surgical pathologies in slums appear to be a list of strategies that could be applied to a range of burdens where the term "surgical" has been added. This observation extends to the conclusion as well.

In conclusion, surgical health in slums is a significant topic. This paper presents a wealth of ideas, yet in its current form, it lacks a clear strategy for addressing the issue.

Specific points

Line 94: a reference could be added

Line 116: I couldn't find the definition of UHC in the previous text.

line 128-129: there's confusion between n and %, as everywhere in the text

p133-138-154-194: there's confusion between n and %, it's not clear

line 205 to 209: There's nothing specific for surgery.

line 210 to 215: Nothing specific for surgery

216-220: There's nothing specific for surgery

line 222: The authors propose simple solutions, using hand-washing and diarrhea as examples. This has nothing to do with surgery. They could suggest simple ways of preventing burns more suited to the surgical context.

Q 4 Check List

Is the English language of sufficient quality?

No answer given.

Is the quality of the figures and tables satisfactory?

Not Applicable.

Is the hypothesis testable in the framework of current knowledge?

No.

If the manuscript includes original data, are the applied methods accurate and comprehensively described?

No.

Does the reference list cover the relevant literature adequately and in an unbiased manner?

No answer given.

Does the study adhere to ethical standards in the field?

Not Applicable.

Q 5 Please summarize the Theory, findings and viewpoint reported.

No answer given.

QUALITY ASSESSMENT

Q 6 Originality



Q 7 Significance to the field



Q 8 Interest to a general audience



Q 9 Quality of the writing



Q 10 Overall quality of the study

