

Review Form 1.7

Journal Name:	Journal of Pharmaceutical Research International
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Title of the Manuscript:	Health Systems and their Impact on Improving Health Services. A Simple Review
Type of the Article	Review Article

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This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<p>Compulsory REVISION comments</p> <ol style="list-style-type: none"> Is the manuscript important for scientific community? (Please write few sentences on this manuscript) Is the title of the article suitable? (If not please suggest an alternative title) Is the abstract of the article comprehensive? Are subsections and structure of the manuscript appropriate? Do you think the manuscript is scientifically correct? Are the references sufficient and recent? If you have suggestion of additional references, please mention in the review form. <p>(Apart from above mentioned 6 points, reviewers are free to provide additional suggestions/comments)</p>		
<p>Minor REVISION comments</p> <ol style="list-style-type: none"> Is language/English quality of the article suitable for scholarly communications? 		
<p>Optional/General comments</p>	<p><u>01</u> There are some sentences in the text without reference to a previous study (or studies) in order to give evidence to their statements. Without references, these statements would be mere assumptions or allegations by the authors of the manuscript. Therefore, each of the following sentences need at least one reference to back up their statement: "Despite the fact that health outcomes in low- and middle-income countries (LMICs) have improved recently, a new reality is now upon us. The bar is being raised for health systems to achieve better health outcomes and higher social value due to shifting health needs, rising public expectations, and ambitious new health goals. However, continuing on the current course will not be sufficient to meet these needs. What is required are high-quality health systems that consistently provide care that enhances or preserves health, are respected and trusted by all people, and adapt to the changing demands of the population. Quality ought to be ingrained in all healthcare systems, not only the elite or something to strive for in the future. The population's needs and expectations in terms of their health, the governance of the health sector and cross-sector partnerships, platforms for the delivery of care, the size and skills of the workforce, and tools and resources, such as drugs and data, are the cornerstones of high-quality health systems. Health systems must build the capacity to measure and use data to learn in addition to solid foundations. Four values—they are for people, they are equitable, they are resilient, and they are effective—should guide the development of high-quality health systems." "Data from a variety of nations and illnesses demonstrate a general lack of care quality. Less than half of suspected tuberculosis cases are appropriately managed in LMICs, mothers and children receive less than half of the recommended clinical actions in a typical preventive or curative visit, and less than one in ten people with major depressive disorder receive minimally adequate care. For critical illnesses like pneumonia, myocardial infarction, and neonatal asphyxia, diagnoses are frequently inaccurate. For vulnerable populations, including the underprivileged, teenagers, persons with stigmatized conditions, and those on the periphery of health systems, such as those incarcerated, the quality of care is at its lowest." "In LMICs, about 8 million people each year pass away from illnesses that the healthcare system should be able</p>	

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	<p>to manage. These deaths caused US\$6 trillion in economic damages in just 2015 alone. Today, inadequate access to care is less of a deterrent to mortality reduction than poor treatment quality. Poor-quality care is to blame for 60% of fatalities from treatable diseases, whereas the other 40% are brought on by underusing the healthcare system. A million infant fatalities, 900,000 tuberculosis deaths, 2 to 5 million cardiovascular disease deaths, and half of all maternal deaths annually could all be avoided with high-quality health systems. Poor care can have various unfavourable effects, such as unneeded suffering from illness, lingering symptoms, loss of function, and a lack of faith and confidence in healthcare systems. Poor-quality health systems have negative economic side effects such as resource waste and catastrophic costs. Because of this, just 25% of individuals in LMICs think their health systems are effective.”</p> <p>“It is crucial, but not done, to assess the quality of the healthcare system as a whole and throughout the treatment continuum. Better regular health information systems for monitoring as well as new research, as suggested in this Commission's research agenda, would be needed to close these gaps. Research will be required, for instance, to thoroughly assess the costs and impacts on health, patient experience, and financial safety of suggested improvement measures. Studies on implementation science can aid in identifying the contextual elements that support or obstruct reform. It should be specifically planned for new data gathering and research to increase regional and national research capabilities.”</p> <p>“A variety of public and commercial data gathering systems are utilised in the healthcare industry by different organisations, including hospitals, CHCs, doctors, and health plans. These systems include health surveys, administrative enrollment and billing records, and medical records. All of these organisations gather some information on race, ethnicity, and language, indicating the possibility that they may each contribute data on patients or enrollment.”</p> <p>“European epidemiological data from the past 30 years demonstrate that a number of diseases' associated mortality and morbidity can be avoided or delayed. For instance, lifestyle and behavior have a significant impact on the rates of cardiovascular disease (CVD) and numerous malignancies, which in turn have an impact on a number of social, economic, demographic, and structural factors. The behavior of individuals, communities and populations is one of the major determinants of their health outcomes. Western health budgets are heavily burdened by the cost of treating diseases that could be avoided by changing one's lifestyle or behavior, and there is enormous room for cost reductions from efficient interventions and programmes.”</p> <p><u>02</u> “According to previous study which examined the ethical aspects of providing high-quality care in environments with limited resources and went over the available metrics and improvement techniques.” Which “previous study”? Where is the reference?</p>	
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PART 2:

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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