

REVIEWER'S REPORT

Manuscript No.: IJAR- 57727

Title: Traitement Préventif Intermittent chez la femme enceinte en Afrique : revue de la littérature

Recommendation:

Accept

Rating	Excel.	Good	Fair	Poor
Originality	Yes			
Techn. Quality		Yes		
Clarity	Yes			
Significance		Yes		

Reviewer Name: Dr. Ashish Yadav

Detailed Reviewer's Report

Reviewer's Comment for Publication.

Acceptance Comment are mentioned below suitable for the paper titled "Traitement Préventif Intermittent chez la femme enceinte en Afrique : revue de la littérature"

Reviewer Comments: Accept

Reviewer Comments –

Introduction

The manuscript entitled "*Traitement Préventif Intermittent chez la femme enceinte en Afrique : revue de la littérature*" addresses a highly significant public health issue in Sub-Saharan Africa, namely malaria during pregnancy and its associated maternal and neonatal complications. The study highlights the importance of intermittent preventive treatment using sulfadoxine-pyrimethamine (TPI-SP) as recommended by the World Health Organization. The topic is relevant, timely, and aligned with current global health priorities focused on reducing maternal and infant mortality. The introduction clearly establishes the burden of malaria in pregnancy and justifies the need for a comprehensive review of evidence related to TPI-SP coverage, effectiveness, and determinants of utilization in African countries.

Literature Review

The literature review is comprehensive and demonstrates a strong synthesis of existing studies related to TPI-SP implementation in Africa. The authors successfully integrate evidence from multiple peer-reviewed sources in both French and English, providing a broad understanding of the issue. Important themes such as antenatal care attendance, socio-economic factors, education level, and healthcare accessibility are critically discussed. The review effectively identifies gaps in implementation and disparities across African countries while highlighting the positive impact of TPI-SP on maternal and

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neonatal health outcomes. The selected studies provide adequate scientific grounding for the objectives of the review.

Solution Approach

The methodological approach adopted in this review is appropriate and systematically structured. The use of the PRISMA framework strengthens the scientific rigor and transparency of the study selection process. The inclusion of fifty-eight studies ensures adequate coverage of the topic and enhances the reliability of the conclusions drawn. The categorization of findings into observance, efficacy, and impact on birth outcomes provides clarity and coherence to the analysis. Furthermore, the multilingual search strategy and absence of publication year restrictions increase the inclusiveness and comprehensiveness of the review process.

Results and Discussion

The results are clearly presented and supported by relevant evidence from the included studies. The manuscript effectively demonstrates that administration of at least three doses of TPI-SP significantly reduces placental parasitemia, premature birth, and low birth weight among newborns. The discussion appropriately interprets the findings within the African healthcare context and acknowledges persistent systemic, socio-cultural, and economic barriers affecting TPI-SP coverage. The reported optimal coverage rate of 45.16% in Sub-Saharan Africa provides valuable insight into current implementation challenges. The discussion section critically connects empirical findings with practical public health implications and policy relevance.

Conclusion

The conclusion is concise, well-structured, and consistent with the objectives and findings of the review. It appropriately emphasizes that TPI-SP remains an effective strategy for preventing malaria-related complications during pregnancy. The authors also provide practical recommendations, including strengthening healthcare systems, improving antenatal care utilization, promoting community awareness, and enhancing women's education. These recommendations are realistic and relevant for policymakers and healthcare practitioners working in malaria-endemic regions. Overall, the manuscript makes a meaningful contribution to maternal and child health literature and is suitable for publication.