ISSN(O): 2320-5407 | ISSN(P): 3107-4928

ISSN NO. 2320-5407

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

Manuscript No.: IJAR- 59204

Title: The Future of Preventive Healthcare: Can AI Make Early Disease Detection Accessible and Affordable in Developing Countries?

Recommendation:
Accept after minor revision

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

Reviewer's ID: Bilqees Hamza

Detailed Reviewer's Repor

This qualitative secondary research manuscript explores whether Artificial Intelligence (AI) can expand access to early disease detection while lowering healthcare costs in Low- and Middle-Income Countries (LMICs). Grounded in global health policy and health economics, the study examines AI implementation across multiple clinical domains, including diabetic retinopathy screening, chest imaging for tuberculosis, laboratory decision support, point-of-care ultrasound, and predictive analytics. Rather than treating AI as an autonomous diagnostic tool, the paper conceptualizes it as a health system intervention and capacity multiplier operating within primary healthcare networks. The primary thesis demonstrates that while AI algorithms can reduce marginal screening costs and extend specialist capacity, overall affordability and long-term viability depend heavily on systemic factors—including hardware infrastructure, continuous connectivity, workforce training, local data governance, and downstream treatment availability.

The paper exhibits strong interdisciplinary value by incorporating WHO governance principles and health economic frameworks. It establishes a five-stage conceptual framework linking data collection, AI triage, human verification, early intervention, and long-term health system value, explicitly stressing the importance of "human-in-the-loop" decision-making. However, key limitations include the complete omission of a formal methodology section (Chapter 4 is missing from the manuscript structure), lack of explicit literature search protocols, minor citation formatting glitches, and duplicate bibliographic metadata in the reference list.

Suggested Improvements (~500 Words)

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To elevate this manuscript to a publication-ready standard, the following revisions should be implemented prior to resubmission:

1. Structure & Methodological Rigor

- **Insert a Dedicated Methodology Section (Chapter 4):** Formally define the literature search protocol. Include specific databases searched (e.g., PubMed, Scopus, Google Scholar), search terms/keywords, publication date ranges, and criteria for selecting peer-reviewed and institutional literature.
- **Resolve Chapter Numbering:** Ensure numbering continuity across chapters so that the manuscript flows logically from Chapter 3 to the newly added Chapter 4 and through to the conclusion.

2. Reference & Citation Clean-up

- **Fix Reference List Errors:** Correct the bibliographic entry for Yeong et al. (2023) in lines 674–676, which accidentally duplicates the volume, issue, and page numbers of Rizvi et al. (2023).
- **Standardize In-Text Citations:** Audit lines 642–646 to fix the corrupted inline reference formatting (e.g., "(2022), Arif AR...").

3. Deepening Economic and Policy Analysis

- **Expand Discussion on Downstream Costs:** Further elaborate on the "referral bottleneck". Address what happens financially and logistically when AI screening identifies true positives in regions lacking the medical facilities or sub-specialists required to deliver follow-up care.
- **Incorporate Regional Case Examples:** Enhance the discussion on business models by providing more concrete real-world examples of successful public-private partnerships (PPPs) or hybrid financing models currently deployed in Sub-Saharan Africa or South Asia.

Recommendation & Decision

Decision: Accept Pending Minor Revisions