Reviewer’s report

Title: Health impact assessment and short-term medical missions: a methods study to evaluate quality of care

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Reviewer: Lewis Wall

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1. The authors are correct that there few, if any, tools available to help STMMs evaluate themselves. This paper represents a positive step towards greater reflectivity and self-examination in this area. My comments are limited to "discretionary revisions" or areas for potential comment by the authors.

2. An area that is not addressed, which I think is crucial, is a fundamental ethical analysis of short-term medical missions and how they are run. While I recognize that their paper represents a "first step" in the evaluation process, development of a tool that evaluates the ethical integrity of STMMs is important: Do their practices promote good and avoid harm? (the default position for any STMM is always to answer "yes," but this cannot be answered affirmatively without positive clinical data to support it. Good intentions in themselves do not suffice to insure that this is really what happens "on the ground." Are patients respected as persons worthy in themselves or do they merely become "work objects" in the course of the STMM? Do those participants in STMMs possess the requisite clinical skills working in the foreign environment to provide care at a high level, or is the STMM merely an opportunity for "medical tourism" and the attendant pitfalls that may be encountered? Is the STMM administered justly, both in terms of who is served and how they are treated within the context of the STMM? etc.

3. All of the STMMs evaluated deal with outpatient or relatively minor surgical procedures. I wonder if the data and the evaluation process needs to be different with more complicated surgical missions, such as orthopedic missions, cleft lip and palate surgical missions, obstetric fistula repair missions, etc. There may be a "break point" in costs, ethics, complications, potential to do serious harms, etc, when more invasive and more complicated surgical missions are involved. In these cases longer follow-up is crucially important, and in surgical missions some plan must be in place to deal with long-term complications of surgical procedures, particularly if they are "elective" procedures (rather than trauma surgery, for example). I wonder if a "universal tool" is possible, given these major differences among some missions, or whether or not specific surgical mission tools ought to be evaluated.

4. While the article is well-written and interesting, it is difficult for the reader to evaluate the practical utility of the tool proposed without immersing himself/herself in the actual questionnaire in order to see what kinds of questions are being asked and what kinds of data are being elicited. It strikes me that the
real utility of this tool lies not in the "comparison with other programs" as it does in creating more acute self-introspection for those involved in planning, funding, and carrying out STMMs. I would strongly encourage the appendices containing the actual questionnaires be included somehow in the publication, either as printed text or access via a website. The paper is much stronger with the inclusion of such materials; without them, the paper can be seen as drifting off into vague, meaningless generalities about "cost", "efficiency," "impact," "preparedness," "education," and "sustainability."

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests to report.