Reviewer's report

**Title:** Corruption in the health care sector: A barrier to access of orthopaedic care and medical devices in low-income countries

**Version:** 2  **Date:** 2 September 2011

**Reviewer:** Richard Coughlin

**Reviewer's report:**

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I would like to thank the authors for the opportunity to review and critique their submission to BMC International Health and Human Rights.

First and foremost, the authors have chosen to investigate a significant global health issue and explore an area, to my knowledge, that has not been reported, despite an almost universal awareness of the problem (that being corruption as a major barrier to access of orthopaedic care and medical devices). This paper most assuredly deserves to be published to raise awareness, inspire further study, and hopefully, begin to address some of the significant barriers that have been elucidated.

The following critique should be listed under the category of “Discretionary Revisions”.

First: I would suggest that the title should substitute “Uganda” for “low-income countries” as the study is uniquely performed in that country and any attempts at generalizing “corruption” specifically to the musculoskeletal healthcare of other low-income countries is speculative, not proven by this study, and subject for another comparison study (although, I entirely agree with their assumption, it would be very interesting to repeat this type of study in a similarly ranked country for corruption by Transparency International).

For “Background”: I would use the “DALYs” or morbidity rankings rather than “mortality”, as the impact of “barriers” more significantly is reflected by poorer functional outcomes for Musculoskeletal patients rather than “deaths” (which certainly takes place also)

In “Methods”:

The use of this type of study, “case report qualitative analysis” is very appropriate at getting at this kind of information and the “sampling to saturation” provides the appropriate level of interviews to gain sufficient rigor to assure confidence in the findings.

I would like the authors to clarify whether the interviews were “audio-recorded”, which is the norm, or if “recorded by hand” with the interviewer taking notes, a far less effective method (and explain why; suspicious population etc)
The “Results” section: The overall results section is much too long and attempts to be comprehensive, but ends up being a rambling “report”. A further “tightening up” would result in a far more concise, effective overall paper. This is important as the message is very important to get published and into the literature.

Although the quotes are all very appropriate, there are too many. (they should also add attributions to identify the speakers)

Good tables and figures.

My overall recommendation would be to focus the paper more on the findings and perhaps simply listing the “strategies for transparency” and ways of mitigating the impact of corruption (or create a separate paper on this topic for Uganda specifically for MS health sector and be more detailed)

My assessment of validity of this paper:
Accept after discretionary revisions

**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 this paper.