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## REVIEWER'S REPORT

Manuscript No.: **IJAR-52993** Date: 28-07-2025

**Title: VERS UNE ALERTE SANITAIRE RAPIDE EN COTE D' IVOIRE?: ARCHITECTURE MODULAIRE DHIS2?DBSCAN ET INTELLIGENCE ARTIFICIELLE APPLIQUEES AUX QUATRE ZONES ECO?CLIMATIQUES**

**Recommendation:**
**Accept as it is .....**
Accept after minor revision.....
Accept after major revision .....
Do not accept (*Reasons below*) .....

| Rating | Excel. | Good | Fair | Poor |
|---|---|---|---|---|
| Originality | | | ✓ | |
| Techn. Quality | | ✓ | | |
| Clarity | | | ✓ | |
| Significance | | ✓ | | |

Reviewer Name: Mr Mir Bilal

**Reviewer's Comment for Publication.**

The manuscript titled *"Vers une alerte sanitaire rapide en Côte d'Ivoire : Architecture modulaire DHIS2-DBSCAN et intelligence artificielle appliquées aux quatre zones éco-climatiques"* presents a timely and innovative contribution to the field of epidemiological surveillance in West Africa, with a particular focus on Côte d'Ivoire. The abstract effectively contextualizes the pressing public health challenges faced by the country, referencing recent outbreaks of cholera, dengue, Mpox, and Ebola, which underscore the limitations of the current surveillance system centered around the COUSP-INHP.

The stated objective of designing an integrated analytical system tailored to the Ivorian context is clearly articulated and aligns with contemporary global health priorities. The proposed methodology, which leverages existing health infrastructure and information systems (COUSP-INHP, EpiSurveyor, DHIS2), demonstrates a strong foundation in local feasibility and institutional integration. The modular architecture involving automated data collection, preprocessing, spatial-temporal clustering, and alert dissemination represents a sophisticated yet context-sensitive solution.

The emphasis on visualization tools compatible with connectivity limitations and the use of SMS alerts indicates thoughtful adaptation to on-the-ground realities in Côte d'Ivoire's diverse health districts. The manuscript anticipates tangible results, such as faster outbreak detection in Abidjan and improved coordination among national and regional health bodies, which are well-aligned with the overarching public health goals of the country.

Finally, the conclusion appropriately frames the proposed system as an operational tool that capitalizes on ongoing national initiatives like the PRTDS. It contributes a pragmatic perspective to the digital transformation of health surveillance in sub-Saharan Africa.

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Overall, the manuscript is coherent, relevant, and rooted in both technological innovation and public health strategy. It offers a valuable roadmap for improving epidemic response systems in resource-constrained settings.