

Economic consequences of better health (BMJ 2019-051258)

Response to the editors (13th May, 2020)

Editors notes:

The paper is improved but requires further revision:

The writing style is quite clunky. Try to write simpler sentences.

Authors' response:

We have simplified the writing to appeal to an audience without training in economics.

An explanation of macroeconomics and microeconomics would help readers.

Authors' response:

We have included explanations of both terms in the text.

Are there really no other examples apart from HIV? It seems unlikely. Not even ones that are less robust but reasonable?

Authors' response:

We thank the editor for raising this point. We believe this is a misunderstanding. We did not intend to claim that there are no other examples apart from HIV, but that "there is little causal evidence". We have rephrased the sentence to avoid the misunderstanding. Several types of studies have tried to assess the links between disease and economic measures. The most common of these studies are cost of illness studies which assess the economic impact of suffering from a particular disease. Of the few studies that assess long-term economic outcomes following treatment or recovery, some show statistical associations, but do not qualify as causal evidence. Examples of conditions with less robust evidence include mental health, malaria, stroke, and Crohns disease. Due to the space requirements of this article, we decided to focus on causal evidence.

What about economic analyses that have accompanied trials and studies for many years?,

Authors' response:

We thank the editor for raising this point. Yes, clinical trials typically involve some economic analysis. However, they often suffer from two shortcomings: i) a narrow scope – analysis is often restricted to costs of the illness and typically does not include labor productivity or other labor market outcomes, and ii) a short duration – analysis is often limited to the duration of the study.

What about concepts like QALYs and DALYs? Don't they help?

Authors' response:

We thank the editor for making this point. As summary measures of population health, QALYs and DALYs are important in quantifying the social value of health. However, they do not measure economic outcomes directly.

There is some repetition.

Authors' response:

We have deleted repetitions.

The conclusion should be more succinct.

Authors' response:

To make our conclusions more succinct, we have separated our concluding thoughts from the "Implications for clinical research" section.

When submitting your revised manuscript please provide a point by point response to our comments and those of any reviewers. We also ask that you keep the revised manuscript within the word count of 1800-2000 words.

Authors' response

Thanks. The length of our revised submission is now 1,986.