ANSWERING REVIEWERS

Dear Editor,

Please find enclosed the edited manuscript in word format (file name: 20430-Review.doc).

Title: Simple calculator to estimate the medical cost of diabetes in sub-Saharan Africa

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Name of Journal: *World Journal of Diabetes*

ESPS Manuscript NO: 20430

The manuscript has been improved according to the suggestions of reviewers:

1 Format has been updated.

2 Revision has been made according to the suggestions of the reviewer:

Response to reviewers

First, we thank the reviewers for their valuable time taken to bring constructive criticism to our manuscript. We have addressed these comments in the revised manuscript and we provided details below.

Reviewer 1

Comment: "the first para contains well known information and it can be deleted".

We deleted the first paragraph of the introduction as suggested (The second paragraph was adjusted).

Comment: "Table 2 is really too full with many details: I suggest to condense it, underlying only the main data".

In table 2, we removed some lines to shorten the table while keeping the main information

Comment: "Discussion: the authors should compare their results with previous data from literature and comment the main differences in order to show the novelty of this research".

Thank you for the comment. Diabetes cost in sub-Saharan Africa countries is poorly documented particularly when considering out-of-pocket expenditures. Nevertheless, we used recent data available on the subject to discuss our results in the 5th paragraph of discussion part. We also added that the costing tool that we developed has no equivalent in the literature.

Comment: "Conclusion: again, the authors should underline the new aspects of their study".

In the conclusion, the new aspect has been underlined and we added: No study had so far designed a simple costing tool which would take into account the various components of medical care of diabetes and its complications in sub-Saharan Africa.

Reviewer 2

Comment: "I think you need more background demographics for the countries in terms of per capita income for various jobs (farmer, doctor, government worker, etc to get a better sense of who has what income level".

Thank you for this comment. We would have liked to include specific data on the income level and distribution in the study countries, as suggested. However, such data are not available. We also thought of using the percentage of non-agriculture population working in the informal sector as additional socio-economic feature, but this information was only available for Mali. Nevertheless, we added to GNI per capita some poverty statistics from the World Bank, in Table 3 and in the text, more specifically, the % of the population living on less than $ 2 a day (or $730/year): 74.3% in Benin (2011), 72.7% in Guinea (2012), 72.6 in Burkina Faso and 78.8% in Mali (2010). Source: http://data.worldbank.org/indicator/SI.POV.2DAY

Comment: "I think it would be best to do them for one country and then write how things differ for the other countries since they are vary similar and you are trying to say the same message".

We thank the reviewer for his suggestion but we do not see why and how we would only present the full results for one country. Which one would it be? For transparency, completeness of information and ease of reading, we deemed appropriate and justified to present the costs for all four countries covered by this study. We wish to inform the reviewer that in another manuscript under revision, we considered only one country (Mali), but because we also had data from a recent survey among patients with diabetes, which allowed a thorough comparison and discussion.

Reviewer 3

Comment: The reviewer would like to know a difference between the cost-effectiveness data in sub-Saharan Africa and other countries. In addition, it would be better to add a scenario for cost saving in sub-Saharan Africa.

We appreciate the comment. However, our study does not pertain to cost-effectiveness, which requires that controlled interventions be implemented. We only report on the costs of the disease, or cost of inaction (albeit incomplete since administrative costs are left out). It is not possible, therefore, to make comparisons with the results of cost effectiveness studies in other countries as requested by the reviewer. Furthermore no cost-effectiveness study focusing on the prevention (primary or secondary) of diabetes was ever conducted in Africa. However, one can easily understand by reading the charts that early intervention to prevent or delay complications costs would result in reducing the costs associated with the treatment of diabetes complications.

3 References and typesetting were corrected.

Thank you again for publishing our manuscript in the *World Journal of Diabetes*.