Reviewer's report

Title: The opportunities for and obstacles against prevention: the notable example of Germany

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Reviewer: Gavin Yamey

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Gavin Yamey MD, lead, evidence to policy initiative, Global Health Group, UCSF

GENERAL COMMENTS

Many thanks indeed for asking me to review this policy discussion paper.

I was intrigued by the title, which suggests that the paper will lay out Germany as a 'notable' example of the possibilities and pitfalls of prevention. I'm afraid, however, that as currently written it is a little difficult to grasp how and why Germany is notable in this regard.

I hope the authors will do a major revision and resubmit the paper, because I feel there could be value in laying out the country's specific situation.

The authors have not yet made the case for the 'uniqueness' of the German situation: many (most?) high income nations struggle with scaling up preventive strategies. I live in the US, where the full potential of prevention has certainly not been realized.

SPECIFIC COMMENTS

Background:

*It would be helpful to say more about the controversy surrounding whether prevention saves money. See, for example, van Baal PHM, Polder JJ, de Wit GA, Hoogenveen RT, Feenstra TL, et al. (2008) Lifetime Medical Costs of Obesity: Prevention No Cure for Increasing Health Expenditure. PLoS Med 5(2): e29. doi:10.1371/journal.pmed.0050029. These authors found that "Although effective obesity prevention leads to a decrease in costs of obesity-related diseases, this decrease is offset by cost increases due to diseases unrelated to obesity in life-years gained."

*One recurring weakness of this paper, which would be straightforward to fix, is that many of the statements lack specificity and aren't fully grounded in evidence. So, for example, the authors say, "there is no doubt that prevention can be a cost-effective investment." The term "prevention" encompasses hundreds, or perhaps thousands, of interventions and strategies. Some are cost-effective, others are not. So this sort of blanket statement ("no doubt") is not helpful.
**The authors say that Germany is a "particularly interesting example," but I am not convinced, from the paper, that this is the case. In their major revision, I'd urge the authors to make a stronger case for its uniqueness.**

The scope for prevention:

*Here’s another example of imprecise, non-specific language (which, again, can be fixed)--the authors say that 'evidence-based preventive interventions are in principle known.' What does this mean? Why ‘in principle’? Are there interventions supported by multiple systematic reviews of RCTs, or are there none? If there are, which interventions are the authors talking about?*

*The authors make the assumption that if Germany has a high risk factor burden, it must automatically mean that prevention efforts are under-used. I am not certain that this assumption is valid (can the authors show it to be valid?). For example, it is possible for a country to implement an intervention at large scale and yet the intervention does not reduce the risk factor prevalence, e.g. because the highest risk groups aren't reached, or people's motivation to change hasn't been addressed, etc.*

Prevention policies:

*For a general reader, could you add a box/sidebar explaining the Tobacco Control Scale.*

*I am very unclear indeed why the authors picked just a few policies, and not others. This seems a little random. One of the paper's weaknesses (again, this can be fixed) is that the choice of policies discussed, and the choice of underlying supportive evidence that is cited, seem haphazard rather than systematic. I obviously am not suggesting that the authors need to do a systematic review, but it would be terrific for this paper to have a more 'systematic approach' to laying out policies, strategies, and evidence.*

Can it be prevented at good value:

*Again, in the smoking section, it is a bit puzzling as to why the authors chose references 16 and 17. It seems a little random. The paper needs a better approach to searching for, appraising, and synthesizing the key evidence.*

**"Some claim that...." Who is 'some'? Ref 19 is just a single person--it would be better to name her/him.**

*In the alcohol section, the authors dive into a discussion of health insurance funds. At this point in the paper, non-German readers will be a little lost unless the authors can give just a brief overview of the German health system (e.g. in a sidebar).*

Why is not more being done:

*The section on individualism is hard to grasp. The authors first state that individualism could explain the limited public policy response. But then they say it
does not explain it. This is puzzling.

*The section on history is fascinating, and I wanted to know more. This is one of the few sections in the paper where there is some 'uniqueness.'

*Again, the section on the federal system is very strong, and begins to get at why the German situation may have features not seen elsewhere.

ONE FINAL COMMENT

In places, it would be good to smooth out the English and correct typos e.g. pursue of happiness.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

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

**Declaration of competing interests:**

I lead the evidence to policy initiative, fully funded by the Bill and Melinda Gates Foundation.

I am a distance learning student at the London School of Hygiene and Tropical Medicine (I don't think Till Boluarte is one of my tutors, but I am declaring this affiliation to be as transparent as possible).

I'm a former senior editor at PLoS Medicine, and assitant editor at the BMJ.