We thank the reviewers for the constructive comments, which helped us improve the paper. Our responses to all the comments are listed below, written in *red italic text*. The adapted text in the paper is indicated by green background colour. (However, we have not indicated minor changes related to grammar or spelling.)

Reviewer 1

This study assesses the social cost of road crashes in Cameroon. The topic is important and there are some new findings.

1. My main concern is the use of human capital approach without adjusting for pain, suffering, grieve, inconvenience, etc. These are real costs that sufferers incur. Would you pay more than the medical cost to avoid someone breaking your legs? These issues need to be discussed in both the methodology section as well as discussion section.

Thank you. This is discussed under the methodology section (lines 136-228), and the estimate of this component is provided in the results. The GDP -based method is a close proximation, since a preference study (that would cover the example of paying to avoid leg breakage) would be based on the prevailing economic conditions of the respondents. We used established approaches in literature. However, we do admit throughout the study that this is an estimate of the RTCs costs. We recommend further studies to incorporate elements that were left out such as funeral costs which we suspect may be material in the case of LMICs (and in this case, Cameroon).

2. There are several sweeping statements and loose logic throughout the paper that needs it be tighten or qualified. Please check through the paper carefully, especially the introduction, discussion and conclusion.

For example, "The quantified costs can therefore inform trade-off in allocation of national resources to competing needs and interests, leading to allocation of adequate resource to road safety strategies". Being informed does not necessarily lead to allocation of adequate resources, especially if there is a budget constraint. It may lead to more informed choices but not necessarily to adequate allocation. Being uninformed may also lead to over-allocation in contrast to your claim. There are several such statements made throughout the paper.

We have replaced 'can' with 'may' to reflect that use of such information may inform ''trade-off'' in resource allocation with potential of increasing allocation to road safety measures. We do acknowledge your view that this is a possibility but not a guarantee. We observe in the field that the practical resource bidding in most SSA countries depends on being able to demonstrate the consequences of not addressing a problem. This is also what informs other estimations such as cost of disease, hunger among other things.

Another example and I will stop giving them. "This approach of planning for road safety without evidence is likely to worsen an already fragile position of road safety in Cameroon. For instance, while Africa's fatality per 100,000 population attributable to RTCs increased by 10 % between 2010 and 2013 (from 24.1 to 26.6), that of Europe 54 decreased by 10 % (from 10.3 to 9.3) during the same period

(WHO, 2015)." There are many factors contributing to crashes, one part of the claim does not support the other part of the claim.

Thank you, these specific sections highlighted above and other sections in the paper have been revised to ensure the logic is maintained. The said paragraph has been replaced with "This tendency of allocating resources for road safety without evidence fails to follow recommended practices of road safety management, and may sustain the current trends in RTC (SafetyNet , 2009)".

3. There are also many implicit assumptions that are used but not stated and discussed. These assumptions relate to using specific ratios and methods for estimation. You are implicitly assuming that they are accurate for Cameroon, which is debatable. Besides these assumptions there is also an assumption that the use of average is appropriate. The are strengths and weaknesses of using average versus median. For example, bias due to outliers. Did you check the distribution in Cameroon? Is average wage a good proxy for the cohort of casualties in Cameroon? Are crashes income, education or occupation related? Please state the various assumptions clearly and provide some discussion on each.

This is for ease of making the wage data compatible with other data that is used in the form of averages in the model. For instance, the GDP per capita or even average expenditure usually for ease of comparison across economies.

For casualties:

The median does not represent all the earnings. The average is a good proxy and safer to use for this purpose, especially given that we do not have the wage or employment profile of the casualties (where we also assume an average' phenomenon).

For other calculations:

The reason for using the average wage is informed by the need to quantify the total earnings (and not the inequality thereof), since the study did not have access to wage and staff distribution of specific cadres of officers deployed for road safety purposes. Using the median is compatible with studies using field data as these details would be included in the interview schedules.

To accommodate the reviewer's concerns we have added explanation at lines 413-418.

4. What is a Gendarmere? Is it something similar to rural police like RCMP in Canada?

The Gendarmerie is a police force with a military order, we added a short definition in the introduction.

5. There are too many tables and some can be combined. The most important one are not even shown or incomplete. I would like to see a final table or figure showing the total cost per casualty and per crash for different severity levels (also in US dollar).

The study was not able to estimate the costs per crash due to the nature of crash data available in Cameroon. We have added the USD converted costs on lines 511-513. The study also recommends maintenance of accurate data on line 527 (that covers crash data).

6. Why is there little or no medical cost for fatality (0%)? How is fatality defined in this study? Are most casualties dead at the crash site?

Most fatality casualties die at the crash site or after an average one (1) day hospitalization. The following has been added this on line 464-467

"The average treatment duration for a fatality was one (1) day (Kourouma, et al., 2019), since most fatality cases die after one day of hospitalization. This is the explanation for the negligible share of fatalities in total medical costs"

7. Pleas clean up all the typos and errors. For example, "Error! Reference source not found" should not occur in a professionally prepared manuscript.

We apologize for this; we had the English language checked by a professional - this has got to do with links in the document as it is passed from one stage of review to another.