Reviewer’s report

Title: Regulatory barriers to equity in a diversified health system: a qualitative study in Bulgaria

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Reviewer: Ralf Götze

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Review on the manuscript »Regulatory Barriers to Equity in a Diversified Health System: A Qualitative Study in Bulgaria«

[1] Overall appearance

- Acceptance with minor essential revisions

The manuscript submitted by Rechel et al. sheds light on a very interesting healthcare system: Bulgaria. As a transformative country Bulgaria offers the opportunity to observe reasons for and effects of radical reforms within relatively short time periods. This high relevance does not correspond with the body of existing literature. Hence, the authors provide a well-written study to enhance the empirical knowledge of this case. I strongly suggest accepting this manuscript with minor essential revisions. I will address my remarks in three thematic sections dealing with the aim of the study, the term »diversified health system«, and the presentation of the results.

[2] Aim of the study

- Minor essential revision

The authors state the exploration of the »regulatory barriers to equity« (p. 5) to be the aim of their article. The following definition describes equity as absence of health inequalities systematically related to groups defined socially, economically, demographically, or geographically (p. 5). The subsequent phrase deals with equity as absence of inequalities in the delivery of health services. Although both stories belong to the same big picture, they are different. Inequalities in the delivery of healthcare are one source for health inequalities but not the sole reason and regarding to some scholars not even the dominant one. Hence, the authors have to be more precise about the kind of equity they focus on. From my perspective the topic seems to be equity in the delivery of health services.

Moreover, the regulatory barriers forming the second item of the proposed aim could be further developed. The submitted manuscript only includes few examples for regulatory functions derived from one (relatively old) piece of literature (p. 5f). I strongly suggest enhancing this part of the manuscript by taking a deductive, actor-centered concept for regulation into account (see Wendt et al. 2009). This also allows to derive a more systematic selection of possible regulatory barriers to equity in the delivery of health services from this
model.

[3] »Diversified health system«

- Discretionary revision
  The authors use the term »diversified health system« twice at prominent places: the title and the introduction (p. 5). As the term is neither explained nor refereed it remains unclear its diversified means. In addition, it might be worth to elaborate the institutional features of the new Bulgarian healthcare system a bit more. An insurance based single-payer system is not part of the typologies relying on traditional OECD countries (Freeman & Frisina 2010). Several Asian scholars (e.g. Lee et al. 2008) argue that their National Health Insurance system does not fit in the Social Health Insurance cluster.

[4] Presentation of the results

- Minor essential revision
  The empirical work of this manuscript is strong. However, the results could be presented in a more systematic way. The authors could enhance the discussion if the categories are directly derived from a general concept concerning inequalities in the delivery of health services. The inductive approach lacks a bit of consistency as several categories are only loosely connected with the aim of the study. Even the first section, dealing with (informal) user fees indicates that the equity concept is not well defined as it concerns fair financing (which occurs when people with different income levels pay out-of-pocket for the same services) rather than inequalities in the delivery of health services (which obviously occurs when people cannot afford to pay out-of-pocket).

  The sections dealing with »the magnitude and pace of change« as well as »lack of participation and sense of ownership of the reform« seem to have not much in common with the proposed aim of the study. These parts may belong to an overall evaluation of the reform process but not to the much more restrictive topic of this manuscript.

  Moreover, it would be very helpful to have a condensed table concluding the results. Maybe such a table could also quantify how often these items occur in the coded material. As this would obviously inflate the content I strongly recommend cutting down empirical parts not related to the proposed aim of the study.

Refereed literature


Lee, Sang-Yi; Chun, Chang-Bae; Lee, Yong-Gab & Seo, Nam Kyu (2008): The National Health Insurance System as One Type of New Typology: The Case of South Korea and Taiwan. In: Health Policy 85(1), 105-13.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:
I declare that I have no competing interests.