Reviewer's report

Title: Health insurance and the 'inverse care law' in Russia

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Reviewer: Meri Larivaara

Reviewer's report:

On the whole, the manuscript is well-written and the organization is easy to follow. The structure is coherent and logical.

The abstract conveys the findings accurately and is well-structured, except for the background section. The title does not tell anything about the findings. It merely states the topics of the manuscript. The reader might find the text more tempting, if the title was re-formulated so that it conveyed the main message of the article.

The background section is concise, but it gives a comprehensive view of the developments in Russia. Information about user fees and some interesting literature is missing, however (see below for revisions). The research questions are clear and well-defined.

The data is sound, although it has got some considerable limitations. However, the authors are aware of these limitations and acknowledge them clearly in the discussion section. Considering the difficulties of obtaining data in Russia, the data can be estimated to be rather good quality. The data deposition is described very shortly in the manuscript, but a link to a more thorough description is given to the reader. This is all right, although some extra effort is required from the reader.

Results are described clearly, and the tables are informative and easy to read. The discussion and conclusions are supported by the data and focus to the most essential findings. Please, look below for some comments on the discussion.

Major Compulsory Revisions

1. In the background section (3rd paragraph, 3rd sentence), the authors mention that affordability is an important barrier to health care. Later they mention unofficial payments to health professionals. What about the user fees in public sector? How common are they in different parts of the country at public sector services even when a patient is covered by the statutory health insurance? What are their general levels?

At least in St. Petersburg, also patients with statutory health insurance need to pay some user fees at public sector polyclinics (e.g. for laboratory examinations, ultrasound etc.), even if the visit to the doctor is for free. These user fees are different from unofficial payments to health professionals and they are listed
openly and transparently. The rayon departments for public health control their levels.

It would be useful to tell the reader about these user fees (they probably exist in other parts of the country, as well), and whether anything is known about these user fees as a barrier to health care.

Minor Essential Revisions

2. It would be more logical if the title of the Table 1 were something like "Coverage of health insurance and use of health", thus following the order of variables in table.

Discretionary Revisions

3. It would be easier for the reader, if the developments described in the first two sentences in the background section of the abstract were given in historical order, instead of jumping from 1993 to 200 and then back to 1991.

4. It would be nice to have a more informative title that would tell the reader something about the findings as well.

5. There is some interesting literature missing in the background section. Rusinova and Brown have published more than one essential article about the situation in St. Petersburg. Furthermore, Anna-Maria Salmi and Michele Rivkin-Fish have written about the use of personal contacts to obtain better care.

6. In the section titled "Discussion of findings" (paragraph 8), the authors discuss the connection between better education and greater use of the private health care sector. Those with better education are also likely to have better personal networks (including health care professionals), which may influence their care seeking behaviour. It would be interesting to raise this topic here as well.

7. The paragraph 9 of section "Discussion of findings", discusses the finding that women were more likely to seek care for a health problem, to be insured and to use private health care. The differences between single and married women are mentioned, but no interpretation is given about what might explain the difference. It would be interesting, if the authors would develop the topic a bit further. Could it have something to do with the woman's position in a Russian family? What other explanations could be found?

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

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the
statistics.

Declaration of competing interests:

I declare that I have no competing interests.