

The controversy about income distribution and health is enriched by the sophisticated empirical analysis presented in this paper. Especially the separate estimations for DCs and LDCs shed some new light on this issue. The striking differences between positive effects for the one and negative effects for the other call for an explanation. I suspect, it may be found in the overall organization of health systems in these countries. High inequalities of gross incomes in DCs may be associated with highly developed health systems which have some “spillover effects” to the poor segments of the population—well organized health systems being a “public good”. By contrast, high inequality of gross incomes in LDCs may be associated with low qualities of health systems in these countries. Therefore, “income inequality” is just a superficial expression of more important political and institutional differences. The authors are right, therefore, to warn against redistribution policies as an instrument to improve health conditions. The real issue is not income inequality or redistribution as such, but the whole set of institutional and political factors associated with income distribution.

One more remark, the authors must have used distributional indicators for gross incomes (see the Gini for Germany in Table 1). The Ginis for net incomes are lower, indicating a more equal income distribution. High Ginis of gross incomes in DCs indicate at least the potential for redistribution policies which can be used to finance public health systems. So, the results for DCs may be interpreted not only by the quality of public health systems, but also by the potential to finance them—both associated to relative high inequality of gross-income distribution. In LDCs, by contrast, high inequalities of gross incomes are not used for redistribution policies favoring public health.