We would like to thank Professor Holland for his comments on our paper and we quite agree with most of his points. It is true that by restricting literature searches to computerized databases one might miss valuable older publications. We also quite agree that RCTs (randomized controlled trials) or other experimental designs may not be the best suited evaluation mode for some of the possible interventions that might help to reduce social inequalities in health.

This is true for example for interventions that require legislation or structural financial measures such as taxation or benefit schemes. This does, however, not necessarily apply to some of the health promotion interventions. We did not limit our search to RCTs though, but we have to admit that outside RCTs the designs of the evaluation studies were often less rigorous than we could have hoped. They are often observational rather than experimental designs, controls may be missing completely and very often no attempt is made to control for autonomous trends or time intervals. More structural measures are seldom evaluated in terms of health benefits, let alone health differentials. To reduce social inequalities requires legislation or structural financial measures such as taxation or benefit schemes. This does, however, not necessarily apply to some of the possible interventions that might help to reduce social inequalities in health.

This is true for example for interventions that require legislation or structural financial measures such as taxation or benefit schemes. This does, however, not necessarily apply to some of the health promotion interventions. We did not limit our search to RCTs though, but we have to admit that outside RCTs the designs of the evaluation studies were often less rigorous than we could have hoped. They are often observational rather than experimental designs, controls may be missing completely and very often no attempt is made to control for autonomous trends or time intervals. More structural measures are seldom evaluated in terms of health benefits, let alone health differentials. To reduce social inequalities requires legislation or structural financial measures such as taxation or benefit schemes. This does, however, not necessarily apply to some of the possible interventions that might help to reduce social inequalities in health.

We hope that our article and this exchange will start a long series of publication in the European Journal of Public Health reporting on the evaluation of interventions to reduce inequalities in health.

REFERENCES