The copyright © of this thesis belongs to its rightful author and/or other copyright owner. Copies can be accessed and downloaded for non-commercial or learning purposes without any charge and permission. The thesis cannot be reproduced or quoted as a whole without the permission from its rightful owner. No alteration or changes in format is allowed without permission from its rightful owner.



# THE DETERMINANTS OF HEALTH CARE EXPENDITURE. AN EMPIRICAL EVIDENCE FROM ASEAN COUNTRIES



Thesis Submitted to:
School of Economics, Finance, and Banking (SEFB)
Universiti Utara Malaysia
In Partial Fulfillment of the Requirement for the Master of Science (Finance)



# PERAKUAN KERJA KERTAS PENYELIDIKAN

(Certification of Research Paper)

Saya, mengaku bertandatangan, memperakukan bahawa (I, the undersigned, certified that)
NOR FAIZAH AHMAD @ MOHAMMED RAZIKIN (819542)

Calon untuk Ijazah Sarjana (Candidate for the degree of)
MASTER OF SCIENCE (FINANCE)

telah mengemukakan kertas penyelidikan yang bertajuk (has presented his/her research paper of the following title)

# THE DETERMINANTS OF HEALTH CARE EXPENDITURE: AN EMPIRICAL EVIDENCE FROM ASEAN COUNTRIES

Seperti yang tercatat di muka surat tajuk dan kulit kertas penyelidikan (as it appears on the title page and front cover of the research paper)

Bahawa kertas penyelidikan tersebut boleh diterima dari segi bentuk serta kandungan dan meliputi bidang ilmu dengan memuaskan.

(that the research paper acceptable in the form and content and that a satisfactory knowledge of the field is covered by the dissertation).

Nama Penyelia

(Name of Supervisor)

Dr. Sabri Nayan

Tandatangan (Signature)

Dr. Sabri Nayan

Senior Lecturer
School of Economics, Finance and Banking (SEFB)
038 Economic Building College of Business

038 Economic Building College of Business Universiti Utarn Malaysia 06010 Sintok, Redub Durul Aman MALAYSIA

Tarikh (Date)

15 Jun 2017

# PERMISSION TO USE

In presenting this thesis in fulfilment of requirements for a postgraduate degree from Universiti Utara Malaysia, I agree that the University Library may make it freely available for inspection. I further agree that permission for copying this thesis in any manner, in whole or in part for scholarly purposes may be granted by my supervisors or in their absence by the Dean of Research and Postgraduate Studies. It is understood that any copying or publication or use of this thesis or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and to the Universiti Utara Malaysia for any scholarly use which may be made of any material from my thesis.

Request for permission to copy or to make other use of materials in this thesis in whole or in part should be addressed to:

Dean of Research and Postgraduate Studies, Othman Yeop Abdullah (OYA), Graduate School of Business,

Universiti Utara Malaysia, 06010 UUM Sintok,

Kedah Darul Aman, Malaysia.

Universiti Utara Malaysia

# **ABSTRACT**

The main motivation of this research project is to investigate the determinants of Health Care Expenditure (HCE): an empirical evidence from ASEAN countries. There are 200 total observations that involved annual data from 1995 to 2014 in Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam. Data collection for this study is based on secondary data that obtained from the Central of International Data, World Development Indicator (World Bank Database, 2016), World Health Organization (WHO, 2016), ASEAN Up Database and also from the central bank of each country. The data used in this study is to prove the significant relationship between dependent and independent variables for the four models. The first model, Panel A analyses the relationship between HCE with the Gross Domestic Product (GDP), Population, Life Insurance Coverage (LIC), Household Final Consumption Expenditure (HFCE) and Consumer Price Index (CPI). For the second model, Panel B examines the significant influence of HCE, Population, LIC, HFCE and CPI on the economic growth. Based on the variables of these both models, then Panel C and Panel D were generated by using natural logarithm (ln). Pooled Ordinary Least Square (POLS) of Regression Model revealed that Panel A found the GDP, Population, LIC and CPI are positively correlated to the HCE that have the statistical significant at 0.01 level. However, there is a negative relationship between HFCE and HCE at the statistical significant of 0.01 level. Next, Panel B indicated the HCE, LIC and HFCE have positive correlation with GDP at the statistical significant of 0.01 level except for LIC at 0.05 level. While, there is a negative relationship between Population and CPI with the GDP at statistical significant of 0.01 and 0.10 level respectively. Panel C represented the lnGDP, lnLIC, lnHFCE and lnCPI are positively correlated to the lnHCE that have the statistical significant at 0.01 level. However, there is a negative relationship between lnPop and lnHCE at the statistical significant of 0.01. Last but not least, Panel D showed the lnHCE, lnPop and lnLIC have positive correlation with lnGDP at the statistical significant of 0.01 level except for lnLIC that has no statistical influence. While, there is a negative relationship between lnHFCE and lnCPI with lnGDP at the statistical significant of 0.01 level. Regarding to these findings, this study was supported the previous

empirical works as well as presents the several policy implications and recommendations for research improvement in the future.

# Keywords.

ASEAN Countries, Health Care Expenditure (HCE), Gross Domestic Product (GDP), Population, Life Insurance Coverage (LIC), Household Final Consumption Expenditure (HFCE), Consumer Price Index (CPI) and Regression Model of Pooled Ordinary Least Square (POLS).



# ABSTRAK

Motivasi utama projek penyelidikan ini adalah untuk menyiasat penentu Perbelanjaan Penjagaan Kesihatan (HCE): bukti empirikal dari negara-negara ASEAN. Terdapat 200 jumlah pemerhatian yang melibatkan data tahunan dari 1995 sehingga 2014 di Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam. Pengumpulan data untuk kajian ini adalah berdasarkan data sekunder yang diperoleh daripada Central of International Data, World Development Indicator (World Bank Database, 2016), World Health Organization (WHO, 2016), ASEAN Up Database dan juga daripada bank pusat setiap negara. Data yang digunakan dalam kajian ini adalah untuk membuktikan hubungan yang signifikan antara pembolehubah bersandar dan pembolehubah bergerakbalas bagi keempat-empat model. Model pertama, Panel A menganalisis hubungan antara HCE dengan Keluaran Dalam Negara Kasar (GDP), Populasi, Perlindungan Insurans Hayat (LIC), Perbelanjaan Akhir Penggunaan Isi Rumah (HFCE) dan Indeks Harga Pengguna (CPI). Bagi model kedua, Panel B mengkaji pengaruh penting HCE, Populasi, LIC, HFCE dan CPI terhadap pertumbuhan ekonomi. Berdasarkan pembolehubah bagi kedua-dua model ini, maka Panel C dan Panel D dibentuk dengan menggunakan natural logarithm (ln). Model Regrasi iaitu Pooled Ordinary Least Square (POLS) mendedahkan bahawa Panel A mendapati GDP, Populasi, LIC dan CPI berhubungan positif dengan HCE yang mempunyai signifikan statistik pada tahap 0.01. Manakala, terdapat hubungan negatif antara HFCE dan HCE pada tahap signifikan statistik 0.01. Seterusnya, Panel B menyatakan HCE, LIC dan HFCE mempunyai hubungan positif dengan GDP pada tahap signifikan statistik 0.01 kecuali bagi LIC pada tahap 0.05. Sementara itu, terdapat hubungan yang negatif antara Populasi dan CPI dengan GDP pada tahap signifikan statistik 0.01 dan 0.10 masing-masing. Panel C menunjukkan lnGDP, lnLIC, lnHFCE dan lnCPI berhubungan positif kepada lnHCE yang mempunyai signifikan statistik pada tahap 0.01. Manakala, terdapat hubungan negatif antara lnPop dan lnHCE pada tahap signifikan statistik 0.01. Akhir sekali, Panel D memperlihatkan lnHCE, lnPop dan lnLIC mempunyai hubungan positif dengan lnGDP pada tahap signifikan statistik 0.01 kecuali bagi lnLIC yang tidak mempunyai pengaruh statistic. Sementara itu, terdapat hubungan negative antara lnHFCE dan lnCPI dengan lnGDP pada tahap signifikan statistic 0.01. Berhubung penemuan berkenaan, didapati kajian ini menyokong hasil empirical terdahulu di samping mengemukakan beberapa implikasi dasar beserta cadangan bagi penambahbaikan penyelidikan pada masa hadapan.

# Kata kunci.

Negara-negara ASEAN, Perbelanjaan Penjagaan Kesihatan (HCE), Keluaran Dalam Negara Kasar (GDP), Populasi, Perlindungan Insurans Hayat (LIC), Perbelanjaan Akhir Penggunaan Isi Rumah (HFCE), Indeks Harga Pengguna (CPI) dan Model Regrasi iaitu Pooled Ordinary Least Square (POLS).



# **ACKNOWLEDGEMENT**

Alhamdulillah, I would like to offer thanks a lot to Allah s.w.t for His gift. Without Him, I would not be implemented this academic dissertation successfully. The process writing of this research project was very helpful and taught me to gain more knowledge and experience that will be useful in the future. An outstanding cooperation of dedicated professional to Graduate School of Business, Othman Yeop Abdullah (OYA) that made the creation of the thesis as a pleasure. Thank very much to my supervisor of BDMZ69912 Dissertation, Dr. Sabri bin Nayan, who plays the main role to helps me in completing this thesis by giving the invaluable guidance, comments and suggestions. I will forever be grateful for all your kind words of encouragement.

Besides that, I indebted to my family (Fadzila, Fatimah, Faizal, M., Faizan, M., Falahuddin, M., Mashitah, S., Kaltsum, U. & Razikin, A. M. R.) for their continuous support and encourage me to finish my study. Finally, I am particularly grateful to my good friends (Ainie, Faida, Faqih, D., Khan, A. A. B., Mazni, M., Noor, Pilly & Qudsiah, H.) who are struggled with me in the study. The interactions with all of them have greatly enriched my experience and for this I am appreciative. My family, relatives and friends have all been supportive of me throughout my time in graduate school. I also will not forget all the prayers, advice, sacrifice and kindness throughout my study over the years. All of them are wonderful helpmate. Thank you for everything.

(NOR FAIZAH BINTI AHMAD @ MOHAMMED RAZIKIN)

# TABLE OF CONTENTS

# **DESCRIPTION**

# THE DETERMINANTS OF HEALTH CARE EXPENDITURE: AN EMPIRICAL EVIDENCE FROM ASEAN COUNTRIES

CERTIFICATION

PERMISSION TO USE

ABSTRACT

ABSTRAK

**ACKNOWLEDGEMENT** 

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

CHAPTER ONE

# INTRODUCTION

- 1.0 Introduction
- 1.1 Overview of Health Care Expenditure (HCE) from Global Perspective
  - 1.1.1 The United States is the Highest Spender on Health Care
  - 1.1.2 The United States has Poor Population Health
- 1.2 Overview of Health Care Expenditure in ASEAN Countries
- 1.3 Problem Statements
- 1.4 Research Questions
- 1.5 Objectives of the Study
- 1.6 Significance of the Study
- 1.7 Scope of the Study
- 1.8 Organization of the Study
- 1.9 Conclusion

# CHAPTER TWO

# LITERATURE REVIEWS

- 2.0 Introduction
- 2.1 A Brief Review of the Literature: The Determinants of Health Care Expenditure (HCE)
- 2.2 Modelling Techniques of the Health Care Expenditure (HCE)
- 2.3 Key Finding from the Previous Studies
  - 2.3.1 Gross Domestic Product (GDP)
  - 2.3.2 Population
  - 2.3.3 Life Insurance Coverage (LIC)
  - 2.3.4 Household Final Consumption Expenditure (HFCE)
  - 2.3.5 Health and Economic Growth
  - 2.4 Conclusion

# CHAPTER THREE

# DATA AND RESEARCH METHODS

- 3.0 Introduction
- 3.1 Theoretical Basis
- 3.2 Data Collection and Description of Panel Data
- 3.3 Variable Specifications
  - 3.3.1 Dependent Variables
    - 3.3.1.1 Health Care Expenditure (HCE)
    - 3.3.1.2 Gross Domestic Product (GDP)
  - 3.3.2 Independent Variables
    - 3.3.2.1 Population
    - 3.3.2.2 Life Insurance Coverage (LIC)

3.3.2.3 Household Final Consumption Expenditure (HFCE)
3.3.2.4 Consumer Price Index (CPI)
etical Framework
hesis Development
metric Model
ical Testing Model
T-static Test
3.7.1.1 The Comparison of t-static and t-table
3.7.1.2 The Probability
f-static Test
3.7.2.1 The Comparison of f-static and f-table
3.7.2.2 The Probability
Coefficient Determination
ical Method
Descriptive Statistics
Pearson Correlation
Multiple Regression Model
3.8.3.1 Analysis of Variance (ANOVA)
3.8.3.2 Pooled Ordinary Least Square (POLS)
Panel Data Analysis
3.8.4.1 Common Effects (CE)
3.8.4.2 Fixed Effects (FE)
3.8.4.3 Random Effects (RE)

3.4

3.5

3.6

3.7

3.8.5 Specification Test of the Panel Data Analysis

3.8.5.1 Likelihood Ratio

3.8.5.2 Hausman Test

- 3.8.5.3 Lagrange Multiplier (LM) Test
- 3.8.6 Diagnotic Test
  - 3.8.6.1 Multicollinearity Test
  - 3.8.6.2 Heteroscedasticity Test
- 3.8.7 Cointegration Test: Granger Causality Test
- 3.9 Conclusion

# CHAPTER FOUR

# **RESULTS AND FINDINGS**

- 4.0 Introduction
- 4.1 Descriptive Statistics
- 4.2 Pearson Correlation
- 4.3 Analysis of Static Model: Multiple Regressions
  - 4.3.1 Analysis of Variance (ANOVA)
  - 4.3.2 Pooled Ordinary Least Square (POLS)
  - 4.3.3 Panel Data Analysis
    - 4.3.3.1 Common Effects (CE)
    - 4.3.3.2 Fixed Effects (FE)
    - 4.3.3.3 Random Effects (RE)
  - 4.3.4 Specification Tests of the Panel Data Analysis
    - 4.3.4.1 Likelihood Ratio
    - 4.3.4.2 Hausman Test
    - 4.3.4.3 Lagrange Multiplier (LM) Test
  - 4.3.5 Diagnotic Test
    - 4.3.5.1 Multicollinearity Test
    - 4.3.5.2 Heteroskedasticity Test

- 4.3.6 Granger Causality Test
- 4.4 Discussion of the Findings
- 4.5 Conclusion

# **CHAPTER FIVE**

# CONCLUSION AND RECOMMENDATIONS

- 5.1 Introduction
- 5.2 Objective Summary of the Study
- 5.3 Summary of the Previous Empirical Works
- 5.4 Summary of the Hypothesis Testing and Findings
- 5.5 Policy Implications
- 5.6 Limitations of the Current Study
- 5.7 Recommendations for the Future Research
- 5.8 Conclusion

Universiti Utara Malaysia

# LIST OF TABLES

Table 1.1	Population Health Outcomes and Risk Factors at 2014
Table 1.2	: Comparative Profile for ASEAN
Table 1.3	: ASEAN Health Care Financing Schemes
Table 2.1	: Techniques by Previous Empirical Works
Table 3.1	: Data Descriptions
Table 3.2	: Sampling of the Countries
Table 3.3	: Scale Indices of Pearson Correlation
Table 4.1	: Descriptive Statistics
Table 4.2	: Correlation Matrix
Table 4.3	: Model Summary
Table 4.4	: ANOVA Universiti Utara Malaysia
Table 4.5	: Regression Model: Pooled Ordinary Least Square (POLS)
Table 4.6	: Panel Data Analysis
Table 4.7	: Specification Test of Panel A and Panel B
Table 4.8	: Variance Inflation Factor (VIF)
Table 4.9	: Modified Wald Test of Panel A and Panel B
Table 4.10	. Pairwise Granger Causality Tests
Table 5.1	: Summary of the Previous Empirical Works

# LIST OF FIGURES

Figure 1.1	: Health Care Expenditures as a Percentage of GDP (1995-2014)
Figure 1.2	: Health Care Expenditure per Capita (HCEpC) in ASEAN
Figure 1.3	: Public or Private Share of Health Care Funding in ASEAN
Figure 3.1	: Theoretical Framework of the First Model (Panel A)
Figure 3.2	: Theoretical Framework of the Second Model (Panel B)
Figure 3.3	: Theoretical Framework of the Third Model (Panel C)
Figure 3.4	: Theoretical Framework of the Fourth Model (Panel D)



# LIST OF ABBREVIATIONS

ADF : Augmented Dickey-Fuller; ANOVA : Analysis of Variance; ASEAN : Association of Southeast Asian Nations; BNM : Bank Negara Malaysia; CE : Common Effects; CPI : Consumer Price Index; FE : Fixed Effects; GDP : Gross Domestic Product; **GMM** : Generalized Method of Moments; HCE : Health Care Expenditure; : Household Final Consumption Expenditure; HFCE : Life Insurance Coverage; LIC MAS : Monetary Authority of Singapore; OECD : Organisation for Economic Co-operation and Development; POLS : Pooled Ordinary Least Square; : Population; Pop PP : Phillips-Peron; RE : Random Effects; UK . United Kingdom;

: World Health Organization;

: United States;

U.S.

WHO

 $\beta_0$  : An Intercept;

 $\beta_0 + v_i$ : Constant of Each Section;

 $\beta_{0i}$ : Heterogeneity or Unobserved Effect;

 $\beta_1$ ,  $\beta_2$ ,  $\beta_3$ ,  $\beta_4$ ,  $\beta_5$  : Coefficient of the Parameters;

H<sub>1</sub> : Null Hypothesis;

H<sub>2</sub> : Alternate Hypothesis;

i : Cross-sectional Unit;

ln : Natural Logarithm;

Sig. : Significance;

t : Time Period;

 $v_{i}$ 

vif : Variance Inflation Factor;

: Zero Mean Standard Random Variable;

μit : Error Term (Disturbance Term);

 $\overline{\mathbf{x}}$  : Mean of Sample;

 $\sigma$  : Standard Deviation.

# CHAPTER ONE

# INTRODUCTION

# 1.0 Introduction

According to Medical Dictionary, health care could be illustrated as the maintaining and restoration of health by the treatment and prevention of disease especially by trained and licensed professionals such as in medicine, dentistry, clinical psychology and public health (Thomas Fishbein, 2008). The World Health Organization explained health as the perfect conditions either in mental, physical and well-being as well as not merely to infirmity or the absence of disease (Porta, 2014). Last but not least, health care is the prevention or treatment of illness by doctors, dentists or psychologists. In addition, it also can be defined as an effort in order to maintain or restore the physical health by the treatment of professional and licensed bodies (Merriam Webster, 2015).

The main motivation of this research project is to investigate the determinants of Health Care Expenditures (HCE): an empirical evidence from ASEAN countries. There are twenty years of annual data from 1995 to 2014 that involved ten countries such as Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam. By reviewing an existing literature, this study attempts to provide evidence about the main indicators that influenced the expenditures on the health care. Most of the existing literatures have focused on the relationship between health care and economic growth. Therefore, this study contributes to the literature by broadening the body of research on this scarcely investigated area.

# The contents of the thesis is for internal user only

# REFERENCES

- Addo, S. H. (2016). The Relationship between Healthcare Spending and Gross Domestic

  Product: A Study from a Sample of African Countries (Doctoral Dissertation,

  Wayne State University).
- Akinlo, T., & Apanisile, O. T. (2014). Relationship between Insurance and Economic

  Growth in Sub-Saharan African: A Panel Data Analysis. *Modern Economy, 2014.*
- Albouy, V., Davezies, L., & Debrand, T. (2010). Health Expenditure Models: A Comparison Using Panel Data. *Economic Modelling*, 27(4), 791–803.
- Alderson, P. (1998). The Importance of Theories in Health Care. *BMJ. British Medical Journal*, 317(7164), 1007.
- Anazia, C. N. (2012). Comparative Analysis of Healthcare Expenditure in the United States and Canada.
- Angulo, A. M., Barberan, R., Egea, P., & Mur, J. (2011). An Analysis of Health Expenditure on a Microdata Population Basis. *Economic Modelling*, 28(1), 169–180.
- Anyanwu, J. C., & Erhijakpor, A. E. (2009). Health Expenditures and Health Outcomes in Africa. *African Development Review*, 21(2), 400–433.
- Arellano, M., & Bond, S. (1991). Some Tests of Specification for Panel Data: Monte Carlo Evidence and An Application to Employment Equations. *The Review of*

- Economic Studies, 58(2), 277-297.
- Arellano, M., & Bover, O. (1995). Another Look at the Instrumental Variable Estimation of Error-components Models. *Journal of Econometrics*, 68(1), 29–51.
- Baltagi, B. H., & Moscone, F. (2010). Health Care Expenditure and Income in the OECD Reconsidered: Evidence from Panel Data. *Economic Modelling*, 27(4), 804–811.
- Barros, P. (2010). The Black Box of Health Care Expenditure Growth Determinants.
- Belay, M. (2013). Determinants of Demand for Health Care Services in Mekelle City (Doctoral dissertation, Mekelle University).
- Bennett, K. J., Powell, M. P., & Probst, J. C. (2010). Relative Financial Burden of Health Care Expenditures. *Social Work in Public Health*, 25(1), 6–16.
- Bhargava, A., Jamison, D. T., Lau, L. J., & Murray, C. J. (2001). Modeling the Effects of Health on Economic Growth. *Journal of health economics*, 20(3), 423–440.
- Bilgel, F. (2004). The Determinants of Canadian Provincial Health Expenditures:

  Evidence from Dynamic Panel (Doctoral Dissertation).
- Bilgel, F., & Tran, K. C. (2013). The Determinants of Canadian Provincial Health

  Expenditures: Evidence from a Dynamic Panel. *Applied Economics*, 45(2),

  201–212.
- Blomqvist, A. G., & Carter, R. A. (1997). Is Health Care Really a Luxury?. Journal of

- Health Economics, 16(2), 207-229.
- Boachie, M. K., Mensah, I. O., Sobiesuo, P., Immurana, M., Iddrisu, A. A., & Kyei-Brobbey, I. (2014). Determinants of Public Health Expenditure in Ghana: A Cointegration Analysis. *Journal of Behavioural Economics, Finance,*Entrepreneurship, Accounting and Transport, 2(2), 35-40.
- Centers for Medicare and Medicaid Services. (2010). National Health Expenditure Projections 2009–2019. September 2010.
- Ceritoglu, E. (2013). Household Expectations and Household Consumption Expenditures: The Case of Turkey (No. 1310).
- Clemente, J., Marcuello, C., Montañés, A., & Pueyo, F. (2004). On the International Stability of Health Care Expenditure Functions: Are Government and Private Functions Similar? Journal of Health Economics, 23(3), 589-613.
- Craigwell, R., Bynoe, D., & Lowe, S. (2012). The Effectiveness of Government

  Expenditure on Education and Health Care in the Caribbean. *International*Journal of Development Issues, 11(1), 4–18.
- Culyer, A. J. (1989). Cost Containment in Europe. *Health Care Financing Review, 1989*(Suppl), 21.
- Cutler, D., & Miller, G. (2005). The Role of Public Health Improvements in Health

- Advances: The Twentieth-century United States. Demography, 42(1), 1-22.
- Dranove, D. (2009). The Economic Evolution of American Health Care: from Marcus Welby to Managed Care. *Princeton University Press*.
- De Meijer, C. (2012). Studies of Health and Long-term Care Expenditure Growth in Aging Populations. *Erasmus University Rotterdam*.
- De Meijer, C., O'Donnell, O., Koopmanschap, M., & Van Doorslaer, E. (2013). Health

  Expenditure Growth: Looking Beyond the Average through Decomposition of the

  Full Distribution. *Journal of Health Economics*, 32(1), 88–105.
- DeNavas-Walt, C. (2010). Income, Poverty and Health Insurance Coverage in the United States (2005). *Diane Publishing*.
- Dhoro, N. L., Chidoko, C., Sakuhuni, R. C., & Gwaindepi, C. (2011). Economic

  Determinants of Public Health Care Expenditure in Zimbabwe. *International Journal of Economics and Research*, 2(6), 13–25.
- Di Matteo, L. (2005). The Macro Determinants of Health Expenditure in the United States and Canada: Assessing the Impact of Income, Age Distribution and Time. *Health Policy*, 71(1), 23–42.
- Duarte, F. (2012). Price Elasticity of Expenditure across Health Care Services. Journal of Health Economics, 31(6), 824–841.

- Erixon, F., & Van Der Marel, E. (2011). What is Driving the Rise in Health Care

  Expenditures?: An Inquiry into the Nature and Causes of the Cost Disease.

  European Centre for International Political Economy.
- Feldstein, P. J. (2012). Health Care Economics. Cengage Learning.
- Follette, G., & Sheiner, L. (2005). The Sustainability of Health Spending Growth.

  National Tax Journal, 391-408.
- Freeman, D. G. (2003). Is Health Care a Necessity or a Luxury? Pooled Estimates of Income Elasticity from US State-level Data. *Applied Economics*, 35(5), 495–502.
- Furuoka, F., Yee, B. L. F., Kok, E., Hoque, M. Z., & Munir, Q. (2011). What are the Determinants of Health Care Expenditure? Empirical results from Asian Countries. *Sunway Academic Journal*, 8, 12.
- Gerdtham, U. G., & Jonsson, B. (1991). Conversion Factor Instability in International Comparisons of Health Care Expenditure. *Journal of health economics*, 10(2), 227–234.
- Gerdtham, U. G., & Jonsson, B. (2000). International Comparisons of Health Expenditure:

  Theory, Data & Econometric Analysis. *Handbook of Health Economics*, 1, 11–53.
- Getzen, T. E. (2000). Health Care is an Individual Necessity and a National Luxury.

  Applying Multilevel Decision Models to the Analysis of Health Care

- Expenditures. Journal of Health Economics, 19(2), 259-270.
- Giannakopoulos, G., Tzavara, C., Dimitrakaki, C., Ravens-Sieberer, U., & Tountas, Y. (2010). Adolescent Health Care Use: Investigating related Determinants in Greece. *Journal of Adolescence*, 33(3), 477-485.
- Gottret, P. E., & Schieber, G. (2006). Health Financing Revisited: A Practitioner's Guide.

  World Bank Publications.
- Gottret, P., Gupta, V., Sparkes, S., Tandon, A., Moran, V., & Berman, P. (2009).

  Protecting Pro-poor Health Services during Financial Crises: Lessons from Experience. *Adv. Health Econ Health Serv Res,* 21, 23–53.
- Gujarati, D. (2014). Econometrics by Example. Palgrave Macmillan.
- Gurría, A. (2015, October 12). OECD Health Statistics 2016. Retrieved from http://www.oecd.org/els/health-systems/health-data.html.
- Hartwig, J., & Sturm, J. E. (2014). Robust Determinants of Health Care Expenditure Growth. *Applied Economics*, 46(36), 4455–4474.
- Hartwig, J. (2008). What Drives Health Care Expenditure? Baumol's Model of 'Unbalanced Growth' Revisited. *Journal of Health Economics*, 27(3), 603–623.
- Herwartz, H., & Theilen, B. (2003). The Determinants of Health Care Expenditure:

  Testing Pooling Restrictions in Small Samples. *Health Economics*, 12(2), 113–

- Hilsenrath, P. (2011). Health Expenditure Efficiency. Implications for Pharmaceutical Marketing. *International Journal of Pharmaceutical and Healthcare Marketing*, 5(2), 118-134.
- Hitiris, T., & Posnett, J. (1992). The Determinants and Effects of Health Expenditure in Developed Countries. *Journal of health economics*, 11(2), 173–181.
- Hitiris, T. (1997). Health Care Expenditure and Integration in the Countries of the European Union. *Applied Economics*, 29(1), 1–6.
- Hoffer, A., Hoffer, A., Gvillo, R., Gvillo, R., Shughart, W., Shughart, W., & Thomas, M. (2017). Income-expenditure Elasticities of Less-healthy Consumption Goods. *Journal of Entrepreneurship and Public Policy*, 6(1), 127–148.
- Horner-Johnson, W., Dobbertin, K., Lee, J. C., & Andresen, E. M. (2014). Disparities in Health Care Access and Receipt of Preventive Services by Disability Type.

  Analysis of the Medical Expenditure Panel Survey. *Health Services Research*, 49(6), 1980–1999.
- Hunnicutt, S. (2010). Universal Health Care: Opposing Viewpoints. *Greenhaven Press.*
- Jaunky, V. C., & Khadaroo, A. J. (2006). Health Care Expenditure and GDP: An African

Perspective.

- Kanavos, P., & Mossialos, E. (1996). The Methodology of International Comparisons of Health Care Expenditures. Any Lessons for Health Policy? *LSE Health, London School of Economics and Political Science.*
- Ke, X., Saksena, P., & Holly, A. (2011). The Determinants of Health Expenditure: a Country-level Panel Data Analysis. *Geneva: World Health Organization*.
- Kleiman, E. (1974). The Determinants of National Outlay on Health. *The Economics of Health and Medical Care* (pp. 66–88). Palgrave Macmillan UK.
- Lavado, R. F., Brooks, B. P., & Hanlon, M. (2013). Estimating Health Expenditure Shares from Household Surveys. *Bulletin of the WHO*, 91(7), 519–524.
- Lee, K. J. (2011). Essays in Health Economics. Empirical Studies on Determinants of Health (Doctoral Dissertation, George Mason University).
- Lv, Z., & Zhu, H. (2014). Health Care Expenditure and GDP in African Countries:

  Evidence from Semi-parametric Estimation with Panel Data. *The Scientific World Journal*, 2014.
- Martin, A. B., Lassman, D., Washington, B., Catlin, A., & National Health Expenditure

  Accounts Team. (2012). Growth in US Health Spending Remained Slow in 2010;

  Health Share of Gross Domestic Product was Unchanged from 2009. *Health*

- Affairs, 31(1), 208-219.
- McCoskey, S. K., & Selden, T. M. (1998). Health Care Expenditures and GDP: Panel Data Unit Root Test Results. *Journal of Health Economics*, 17(3), 369–376.
- Morris, S., Devlin, N., & Parkin, D. (2012). Economic Analysis in Health Care. *John Wiley & Sons*.
- Murthy, V. N., & Okunade, A. A. (2009). The Core Determinants of Health Expenditure in the African Context: Some Econometric Evidence for Policy. *Health Policy*, 91(1), 57-62.
- Murthy, N. V., & Ukpolo, V. (1994). Aggregate Health Care Expenditure in the United States: Evidence from Cointegration Tests. *Applied Economics*, 26(8), 797–802.

# Jaidu S. & Chand, A. (2013). Does Central Covernment Health Expenditur

- Naidu, S., & Chand, A. (2013). Does Central Government Health Expenditure & Medical Technology Advancement Determine Economic Growth Rates in the Pacific Island Countries?. *Asia-Pacific Journal of Business Administration*, 5(3), 234–245.
- Narayan, P. K., & Narayan, S. (2008). Does Environmental Quality Influence Health

  Expenditures? Empirical Evidence from a Panel of Selected OECD Countries.

  Ecological Economics, 65(2), 367–374.

- Newhouse, J. P. (1977). Medical-care Expenditure: A Cross-national Survey. *The Journal of Human Resources*, 12(1), 115–125.
- Nicholas, A., Nicholas, A., Edward, N. A., Edward, N. A., Bernardin, S., & Bernardin, S. (2016). The Effect of Health Expenditure on Selected Maternal and Child Health outcomes in sub-Saharan Africa. *International Journal of Social Economics*, 43(12), 1386–1399.
- Nixon, J., & Ulmann, P. (2006). The Relationship between Health Care Expenditure and Health Outcomes. *The European Journal of Health Economics*, 7(1), 7–18.
- Novignon, J., Olakojo, S. A., & Nonvignon, J. (2012). The Effects of Public and Private

  Health Care Expenditure on Health Status in Sub-Saharan Africa. New Evidence
  from Panel Data Analysis. *Health Economics Review*, 2(1), 22.
- Okunade, A. A., & Karakus, M. C. (2001). Unit Root and Cointegration Tests: Timeseries versus Panel Estimates for International Health Expenditure

  Models. *Applied Economics*, 33(9), 1131–1137.
- Okunade, A. A., Suraratdecha, C., & Benson, D. A. (2010). Determinants of Thailand

  Household Healthcare Expenditure: The Relevance of Permanent Resources and

  Other Correlates. *Health Economics*, 19(3), 365–376.
- Orszag, P. R., & Ellis, P. (2007). The Challenge of Rising Health Care Costs A View

- from the Congressional Budget Office. *New England Journal of Medicine*, 357(18), 1793.
- Parkin, D., McGuire, A., & Yule, B. (1987). Aggregate Health Care Expenditures and National Income: Is Health Care a Luxury Good?. *Journal of Health Economics*, 6(2), 109–127.
- Porta, M. (Ed.). (2014). A dictionary of epidemiology. Oxford University Press.
- Potrafke, N. (2010). The Growth of Public Health Expenditures in OECD Countries: Do Government Ideology and Electoral Motives Matter?. *Journal of Health Economics*, 29(6), 797-810.
- Rao, R. R., Jani, R., & Sanjivee, P. (2009). Health, Quality of Life and GDP: An ASEAN Experience. *Asian Social Science*, 4(4), 70.
- Ricci, F., & Zachariadis, M. (2006). Determinants of Public Health Outcomes: A

  Macroeconomic Perspective. *In Computing in Economics and Finance* (Vol. 107).
- Robinson, J. C., & Ginsburg, P. B. (2009). Consumer-driven Health Care: Promise and Performance. *Health Affairs*, 28(2), w272-w281.
- Shen, C. (2013). Determinants of Health Care Decisions: Insurance, Utilization and Expenditures. *Review of Economics and Statistics*, 95(1), 142–153.
- Smith, J. P. (1999). Healthy Bodies and Thick Wallets: the Dual Relation between

- Health and Economic Status. *The Journal of Economic Perspectives: a Journal of the American Economic Association*, 13(2), 144.
- Squires, D., & Anderson, C. (2015). U.S. Health Care from a Global Perspective:

  Spending, Use of Services, Prices and Health in 13 Countries. Retrieved from <a href="http://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-from-a-global-perspective">http://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-from-a-global-perspective</a>.
- Srivastava, D., & McGuire, A. (2016). The Determinants of Access to Health Care and Medicines in India. *Applied Economics*, 48(17), 1618–1632.
- Tansakul & Kanlaya. (2010). Health Care Seeking Behavior among Rural Population of Thailand. Case Study in Ko-Hong District. *PhD. Thesis, Universiti Utara Malaysia.*
- Verma, A., & Bala, R. (2013). The Relationship between Life Insurance and Economic Growth: Evidence from India. *Global Journal of Management and Business Studies*, 3(4), 413–422.
- Wang, K. M. (2011). Health Care Expenditure and Economic Growth: Quantile Panel-type Analysis. *Economic Modelling*, 28(4), 1536–1549.
- Waters, H., Saadah, F., & Pradhan, M. (2003). The Impact of the 1997–98 East Asian Economic Crisis on Health and Health Care in Indonesia. *Health Policy and Planning*, 18(2), 172–181.

Wranik, D. (2012). Healthcare Policy Tools as Determinants of Health-system

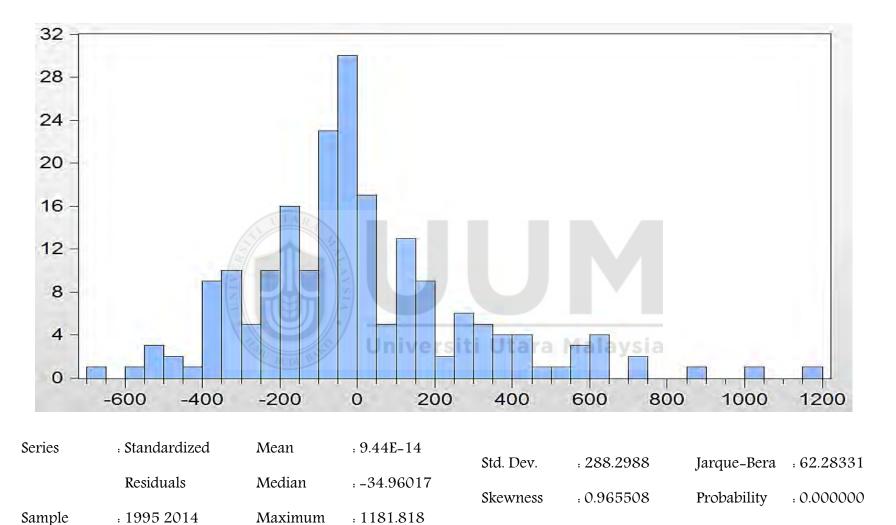
Efficiency: Evidence from the OECD. *Health Economics, Policy and Law,* 7(02), 197–226.

Zeng, J. (2014). Semi-parametric Identification of Determinants of Health Expenditures

– Evidence from Inpatients in China. *Management Decision*, 52(7), 1302–1318.



APPENDIX 1. RESIDUAL NORMALITY TEST [MODEL 1 @ PANEL A]



: -697.9235

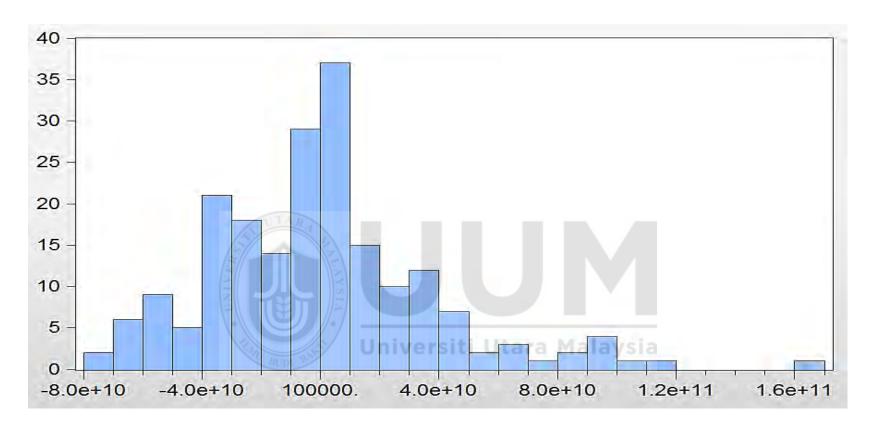
Minimum

Observations: 200

Kurtosis

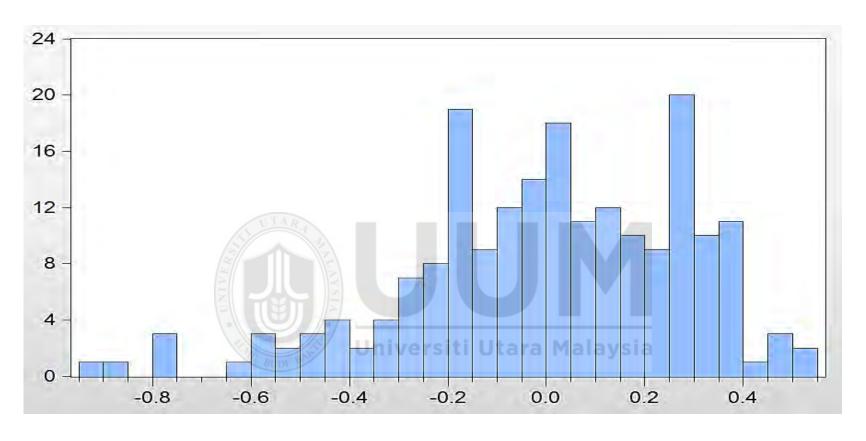
: 4.935246

APPENDIX 1. RESIDUAL NORMALITY TEST [MODEL 2 @ PANEL B]



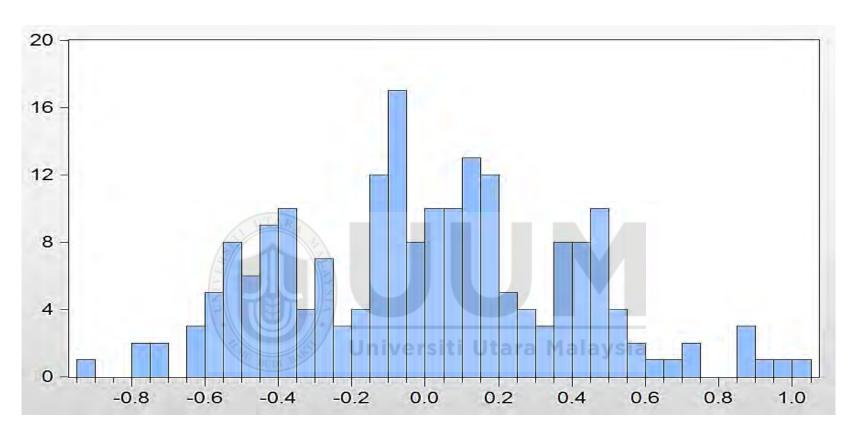
Series	: Standardized	Mean	: 3.55E-05				
				Std. Dev.	: 3.75E+10	Jarque-Bera	: 56.23565
	Residuals	Median	: -1.93E+08				
				Skewness	: 0.867521	Probability	: 0.000000
Sample	: 1995 2014	Maximum	: 1.66E+11				
				Kurtosis	: 4.933367		
Observation	s : 200	Minimum	· -7 98E+10				

APPENDIX 1: RESIDUAL NORMALITY TEST [MODEL 3 @ PANEL C]



Series	: Standardized	Mean	: 3.23E-15				
				Std. Dev.	: 0.281133	Jarque-Bera	: 19.50534
	Residuals	Median	: 0.024800				
				Skewness	: -0.708266	Probability	: 0.000058
Sample	: 1995 2014	Maximum	: 0.540833				
•				Kurtosis	: 3.577994		
Observation	ıs · 200	Minimum	0 940066				

APPENDIX 1: RESIDUAL NORMALITY TEST [MODEL 4 @ PANEL D]



Series	: Standardized	Mean	: 5.92E-15				
				Std. Dev.	: 0.382560	Jarque-Bera	: 1.854025
	Residuals	Median	: -0.008794				
				Skewness	: 0.185691	Probability	: 0.395734
Sample	: 1995 2014	Maximum	: 1.036288				
-				Kurtosis	: 2.709211		
Observation	s : 200	Minimum	0 939035				

APPENDIX 2: GENERALIZED METHOD OF MOMENTS [MODEL 1 @ PANEL A]

Variable	One	One Step		Two	Two Step					
	GMM Difference	GMM System	]	GMM Difference	GMM System					
Panel A										
НСЕ	1.093651	1.096353	НСЕ	1.078103	1.094706					
L1.	(0.000)***	(0.000)***	L1.	(0.000)	(0.000)***					
GDP	1.87E-10	2.21E-10	GDP	1.46E-10	1.61E-10					
	(0.111)	(0.037)**		(0.130)	(0.214)					
Pop	7.95E-07	1.34E-06	Рор	-1.78E-06	9.67E-07					
	(0.647)	(0.000)***		(0.175)	(0.097)*					
LIC	3.191196	0.0021082	LIC	1.658712	6.114555					
	(0.521)	(0.908)		(0.361)	(0.011)***					
HFCE	-2.19E-10	-2.53E-10	HFCE	-1.45E-10	-1.67E-10					
	(0.151)	(0.019)***		(0.091)	(0.165)***					
CPI	0.1398696	0.0681994	СРІ	0.9019969	-0.1081328					
	(0.544)	(0.746)		(0.041)	(0.344)					
_cons	-50.75865	-80.50212	cons	30.99947	-51.1141					
	(0.521)***	(0.001)***		(0.440)	(0.000)***					

Note: HCE: Health Care Expenditure; GDP: Gross Domestic Product; Pop: Population; LIC: Life Insurance Coverage; HFCE: Household Final Consumption Expenditure and CPI: Consumer Price Index.

APPENDIX 2: GENERALIZED METHOD OF MOMENTS [MODEL 2 @ PANEL B]

Variable	One	One Step		Two Step		
	GMM Difference	GMM System		GMM Difference	GMM System	
	·	Panel	l B			
GDP	0.5708762	-1.77E-09	GDP	-1.11E-09	0.6143729	
L1.	(0.000)***	(0.008)***	L1.	(0.095)***	(0.000)***	
НСЕ	3.80E+07	5.644644	НСЕ	-0.589323	-1.09E+08	
	(0.000)	(0.000)***		(0.002)	(0.000)***	
Pop	-1003.485	2.31E-06	Pop	-0.0000208	-721.1619	
	(0.217)	(0.000)***		(0.000)	(0.000)***	
LIC	-1.17EE+08	-863.9484	LIC	107.5766	6.114555	
	(0.965)	(0.000)***		(0.002)	(0.011)***	
HFCE	6.64E-09	2.18E-09	HFCE	6.64E-09	-1.67E-10	
	(0.000)	(0.000)***		(0.000)	(0.165)***	
CPI	2.236087	-12.8861	СРІ	2.236087	-0.1081328	
	(0.107)	(0.000)***		(0.107)	(0.344)	
_cons	0	1814.072	cons	0	-51.1141	
	(omitted)	(0.000)***		(omitted)	(0.000)***	

Note: The \*, \*\* and \*\*\* are 10%, 5% and 1% level of significant.

APPENDIX 2: GENERALIZED METHOD OF MOMENTS [MODEL 3 @ PANEL C]

Variable	One	One Step		Two	Two Step					
	GMM Difference	GMM System		GMM Difference	GMM System					
Panel C										
1nHCE	0.6059715	0.6547864	1nHCE	0.0316289	0.0412629					
L1.	(0.000)***	(0.000)***	L1.	(0.907)	(0.887)					
InGDP	3307888	0.2998672	1nGDP	0.4562355	0.4227007					
	(0.000)***	(0.000)***		(0.112)	(0.166)					
InPop	0.0595437	-0.3658087	lnPop	-4.193433	-4.498311					
	(0.772)	(0.000)***		(0.322)	(0.294)					
lnLIC	0.0021082	0.0234853	lnLIC	-0.0596058	-0.0584618					
	(0.908)	(0.111)		(0.279)	(0.400)***					
1nHFCE	0.0197291	0.0929847	1nHFCE	1.882122	1.919299					
	(0.768)	(0.001)***		(0.021)	(0.018)***					
lnCPI	0.0590095	0.0554339	lnCPI	-0.3200125	-0.2255723					
	(0.157)	(0.090)*		(0.645)	(0.765)					
_cons	-8.116945	-2.214283	cons	18.5917	23.32608					
	(0.006)***	(0.000)***		(0.740)	(0.682)***					

Note: InHCE: Natural Log of Health Care Expenditures, InGDP: Natural Log of Gross Domestic Product, InPop: Natural Log of Population, InLIC: Natural Log of Life Insurance Coverage, InHFCE: Natural Log of Household Final Consumption Expenditure and InCPI: Natural Log of Consumer Price Index.

APPENDIX 2: GENERALIZED METHOD OF MOMENTS [MODEL 4 @ PANEL D]

Variable	One	One Step		Two	Two Step					
	GMM Difference	GMM System		GMM Difference	GMM System					
Panel D										
lnGDP	0.5043596	0.6500758	1nGDP	0.2923397	0.1811359					
L1.	(0.000)***	(0.000)***	L1.	(0.311)	(0.376)					
1nHCE	0.2565488	0.280535	1nHCE	0.4050988	0.3058407					
	(0.000)***	(0.000)***		(0.162)	(0.086)*					
InPop	0.4649498	0.3237044	lnPop	-3.163498	-4.038632					
	(0.006)**	(0.000)***		(0.387)	(0.065)**					
lnLIC	-0.0136286	0.0068228	lnLIC	0.069847	0.158752					
	(0.359)	(0.649)		(0.613)	(0.047)**					
1nHFCE	0.2848588	0.023448	1nHFCE	0.9252942	1.621458					
	(0.000)***	(0.284)		(0.013)	(0.036)**					
lnCPI	-0.0007772	0.0887008	lnCPI	0.3347679	0.2061663					
	(0.980)	(0.001)***		(0.436)	(0.459)					
_cons	-3.735359	1.005388	cons	44.52119	45.80779					
	(0.140)	(0.015)***		(0.364)	(0.113)					

Note: The \*, \*\* and \*\*\* are 10%, 5% and 1% level of significant.