Econometric study of the impact of health expenditure on economic growth in MENA countries (2000-2018)

دراسة قياسية لتأثير الإنفاق الصحى على النمو الاقتصادي في دول الشرق الأوسط وشمال إفريقيا خلال الفترة (2000-2018)

Drissi asma ¹ university of Algiers 3 - Algeria drissi.asma@univ-alger3.dz

Dahmani smailuniversity of Algiers 3 - Algeria
dahmani.smail@univ-alger3.dz

Abstract:

This paper aim to identify the issue of the impact of health expenditure on economic growth in some MEANA's countries in the period 2000-2018, wich are: Algeria, Morocco, Tunisia, Egypt, Jordan, Saudi Arabia and Turkey, by verifying the Panel Cointegration Model And the expected causal relationship between the variables.

This study reached the following results: Relying to the **fixed effects model**, we conclude that the government expenditure on health signal is positive and this is consistent with the economic theory, as well as from the statistical point of view, the results reached the significance of the constant with different values of the constant, from country to another, due to the specificity of each country.

As for the logarithmic model, we note that "more government expenditure on health care increases by 1%, the GDP per capita increase by 0.71%.

Keywords: Health expenditure, economic growth, Panel Cointegration Model, fixed effects model.

لخص:

تحدف هذه الدراسة الى البحث في اشكالية تأثير الإنفاق على الصحي على النمو الاقتصادي في بعض دول المينا في الفترة 2000 Panel وهي : الجزائر، المغرب، تونس، مصر، الاردن، السعودية وتركيا، وهذا عن طريق التحقق من التكامل المشترك Cointegration Model والعلاقة السببية Causality Test المتوقعة بين المتغيرات.

توصلت هذه الدراسة الى النتائج التالية: بالاعتماد على نمودج الآثار الثابتة نستنتج أن إشارة معامل المتغير المستقل (الانفاق على الرعاية الصحية) موجبة وهذا ما يتفق مع النظرية الاقتصادية ،كذلك من الناحية الإحصائية فقد توصلت النتائج إلى معنوية الثابت مع الختلاف قيم الثابت من دولة لأخرى، بسبب خصوصية كل دولة.

بالنسبة للنموذج اللوغارتمي فنجد أنه كلما زاد الانفاق الحكومي على الرعاية الصحية ب0.7، كلما زاد نصيب الفرد من الناتج الداخلي الخام ب0.71.

كلمات مفتاحية: الانفاق الصحى، النمو الاقتصادي، نماذج بانل للتكامل المتزامن، نموذج الآثار الثابتة

¹ - Corresponding author: Drissi Asma, <u>drissi.asma@univ-alger3.dz</u>

1. INTRODUCTION

Health is an essential component of human capital that supports worker productivity by enhancing physical capacity and mental capabilities. Health improvements influence the pace of income growth through many pathways: Better health directly increases labor market participation and worker productivity.

Health is one of the primary goals of social and economic development; It is one of the main requirements, and a basic right of individuals in all societies, the economic and social aspects of health care are not so simple that its importance can be ignored or simplified, because economic growth is not an end in itself, but a means to increase well-being, including improving the level of care health.

Expenditure on health care helps to prepare a healthy generation free from diseases and with high productivity due to the high level of physical, mental, and intellectual capabilities, and productive life of the human element. The state of health care for individuals in any society is related to the amount of government expenditure on treatment and investment in the health sector; As the primary goal is to improve the health status of community members by focusing on prevention and improving living conditions as well as reducing child mortality, which leads to an increase in life expectancy.

The relationship between economic growth and health expenditure is a much-discussed topic in the literature. Most of the authors argue that health expenditure has a contribution to the economic improvement so we can ask this question what is the impact of health expenditure on economic growth in MENA countries?

Before arriving to answer this problematic, we suggest the following hypothesis:

- There is a relationship between economic growth and health expenditure at long-term.
- There is a causal relationship between economic growth and health expenditure.

This research started by a review of the economic literature to understand approach that examine the relationship between health and economic growth. In a second step we present an econometric study using data of health expenditure and gross domestic product (GDP) of some MEANA's countries applying Panel Cointegration Model, and at the end we conclude so many important results of our econometric study.

2. Literature Review

There are two approaches to estimating the effect of health on economic growth. The first is to take estimates of the effect of health from microeconomic studies. The second is to estimate the aggregate relationship directly using macroeconomic data.

2.1. Studies that examined the relationship at the micro level:

A good part of the literature on the microeconomics of health and economic outcomes examines the effects of varying health inputs on health outcomes themselves, human capital attributes that are contingent on health outcomes, and wages. Most of these studies have relied on micro-level data which focus on household and household members. Such studies include Behrman and Deolalikar (1988) and Strauss and Thomas (1998) (strauss & thomas, 1998, pp. 766-817).

In many studies, more than one variable is examined. For example, Alderman et al (2006) examined the long-run effects of childhood nutrition, using a variety of natural and manmade experiments that provide exogenous variation in nutrition and found that better nutrition leads to improvements in school completion, intelligent quotient (IQ), height, and wages (harold, jere R, & john, 2006, p. 169).

Similarly, Thomas et al. (2004) found positive effects of adult nutrition on labor input and wages. Another branch of the literature also attempted to answer the question how much do differences in health contribute to differences in income by focusing on health outcomes rather than health inputs, and conducting a macroeconomic analysis rather than individual level (B.H.thomas, D.ciliska,

M.robbins, & S.micuccia, 2004, pp. 176-184).

An alternative approach is to calibrate the model using microeconomic evidence for parameter values. The potential advantage of estimation over calibration is that the microeconomic evidence measures the effect of improvements in an individual's human capital on own earnings, ignoring the additional effects it might have on other individuals or on society as a whole. These additional effects, that is, externalities, might arise because people's productivity depends on the productivity of their coworkers. When workers obtain more schooling, their earnings rise, but those of their coworkers may rise as well (David E, David, & Jaypee, 2001, p. 04).

2.2. Studies that examined the relationship at the macro level:

The literature on the relationship between income/growth and health at the macro level is generally inconclusive. In a study of 15 states from India for the period 1973/74, 1977/78, 1983, 1987/88, 1993/94, 1999/2000, Gupta and Mitra (2003) show that per capita public health expenditure positively influence heath status, that poverty declines with better health, and that growth and health have a positive two-way relationship (**Gupta & Mitra, 2004, pp. 193-206**).

Also, in a study of India, the World Bank (2004) examines the impact of per capita GDP, per capita health expenditure and female literacy on infant mortality using state-level data over the period 1980-99. The study observes that both per capita public spending on health and per capita GDP are inversely related to infant mortality rate.

But the results were observed not to be very robust to alternative specification. By using the adult survival rate as an indicator of health status, Bhargava find positive relationship between adult survival rate and economic growth. Results remains similar when adult survival rate is replaced by life expectancy. However, fertility rate have a negative relationship with economic growth. Due to the fact that life expectancy is highly influenced by the child mortality, growth in workforce is mostly lower than population growth. Consequently, high fertility rate reduces the economic growth by putting extra burden on scare resources (Bhargava, Jamison, Lau, & Murray, 2021, pp. 423-440).

Somewhat in between these two types of studies are contributions that estimate the effects of health interventions at the macro level on income of individuals at the micro level. The most prominent example is the work by Bleakley (2007) analyzing the long-run benefits of campaigns to eradicate hookworm infections in the South of the United States. He finds that hookworm infections explain 22 percent of the income gap between the North and the South of the United States in 1900, which is consistent with macro-based and micro-based studies from a qualitative point of view. Other prominent studies show that the eradication or treatment of diseases, such as malaria, hookworm infections, and nutritional deficiencies, raises educational attainment, improves educational outcomes, and reduces fertility (Bloom, Canning, Kotschy, Prettner, & Schunemann, 2019, p. 05).

3. Econometric study:

Panel data models began to appear since the publication of the outstanding article by tow researchers « BALESTA » and « NORLOVE » on the dynamic modeling of natural gas demand in the United States of America in 1966, which was published in the journal ECONOMETRICA.

Panel models have gained great interest, especially in economic and medical studies, because they take into account the effect of change in time as well as the effect of change in cross-sectional observations.

Panel data can be defined as cross-sectional observations measured at specific time intervals. (ARAUJO, BRUN, & COMBES, 2004, pp. 157-160)

3.1. **Data**

A data set on the 07 MENA countries, namely Algeria, Morocco, Tunisia, Egypt, Jordan, Saudi Arabia and Turkey, has been used in this paper to explore the linkage between health expenditure

and economic growth. Annual data for 2000-2018 periods has been gathered from the World Bank dataset and world health organisation, where the variable *GDPC* denote *Gross Domestic Product per capita* and *GGHE* indicate the *Domestic General Government health Expenditure per capita*. The variables are employed in natural logarithm forms: *LGDPC*, *LGGHE*.

3.2. Methods for choosing the appropriate form of panel data: To pool or not to pool? In general, we can use Hsiao's strategy to test homogeneity or heterogeneity as follows:

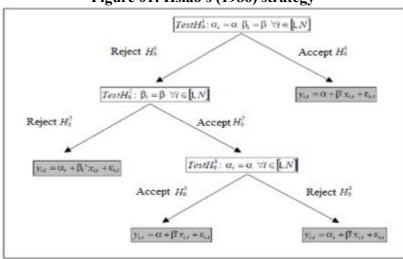


Figure 01: Hsiao's (1986) strategy

Sources: Hsiao. C, Analysis of panel data, Cambridge University Press, 1986. We will use The homogeneity test of Hsiao, (**HSIAO**, third editon 2014, p. 17) and the following table summarizes the results obtained.

H1 = Null Hypothesis : panel is homogeneous vs Alternative Hypothesis : H2 H2 = Null Hypothesis: H3 vs Alternative Hypothesis: panel is heterogeneous H3 = Null Hypothesis: panel is homogeneous vs Alternative Hypothesis: panel is partially homogeneous Decision Hypotheses F-Stat P-Value Reject 10.79316 3.09E-14 H₁ 1.710125 H₂ 0.124415 Accept H₃ 19.22103 8.81E-16 Reject

Table n 01: Hsiao's (1986) strategy

Sources: Eviews output

According to the above table, we reject the first hypothesis wich mean that the model is completely homogeneous, and we accept the second hypothesis wich mean that the coefficients β_i are homogeneous, meaning that they are homogeneous for all countries, and finally we reject the third hypothesis wich mean that the constants α_i are not homogeneous for all countries, and therefore the model used is **the model of the constant effects**.

3.3. Stationary and cointegration

Before using the cross-sectional time series data, it is necessary to ensure the stationary of the time series used in the model, by studying the unit root. (BANERJEE, 1999, pp. 607-630)

3.3.1. Unit root tests for panel data

We check the stationarity properties of the variables by employing panel unit root tests. Panel unit root test results are presented in figures 2 to 5The outcomes clearly demonstrate that the order of integration of *lgghe* and *lgdpc* is not I(0). At the first difference are I(1).

These results allowed us to perform the Pedroni and Kao panel cointegration tests to check whether there is a cointegration equation among the variables or not.

Through the following figures, we note that the variables became stationary after making the first difference I(1).

Panel unit roof test Summary Panel unit root test. Summary Panel unit root test. Summary Series: LOCHE Series: LGGHE Series: LGGHE Date 09/29/21 Time: 15:55 Oate: 08/29/21 Time: 15:57 Date 06/29/21 Time: 15:58 Sample: 2000 2018 Sample: 2000 2018 Sample: 2000:2018 Eropenous variables; Individual effects Exagenous variables: Individual effects, individual linear trends Exogenous variables. None User-specified lags: 1 User-specified lags: 1 User-specified lags: 1 Newey-West automatic bandwidth selection and Bartlett kernel Newey-Rest automatic bandwidth selection and Partiel kernel Newey-West automatic bandwidth selection and Bartlett kernel Balanced observations for each fest Balanced observations for each test Ratanced observations for each test Cross-Cross-Cross-Statistic Prob ** sections Hetrod Statistic Prob." sections Obs Method Statistic sections Nult Unit root (assumes common unit root process) Nult Unit root (assumes common unit root process) Nult Unitroot (assumes common unitroot process) -5.09797 0.0000 Levin, Lin & Chult 0.64262 [0.7396] 119 Levin Lin & Chut* 279485 0.9974 119 Breitung t-stat 289281 29981 112 Nult: Unit root (assumes individual unit root process) Nult Unit root (assumes individual unit root process) Im, Pesaran and Shin W-stat -1,67282 0,0472 7 119 Nult Unit roof (assumes individual unit root process) 1,63602 1,0000 119 ADF - Fisher Chi-square ADF - Fisher Chi-square 25.1975 0.0244 113 Im, Pesaran and Shin W-stat 233602 09903 119 PP - Fisher Chi-square 1.10358 1,0000 126 PP - Fisher Chi-square 14.1883 D.4358 7 125 ADF - Fisher Chi-square 6.06833 0.9547 119 PP - Fisher Chi-square 3.35613 1.9983 126 ** Probabilities for Fisher tests are computed using an asymptotic Chi Probabilities for Fisher tests are computed using an asymptotic Chi source distribution. All other tests assume asymptotic normality. -square distribution. All other tests assume asymptotic normality. " Probabilities for Fisher fests are computed using an asymptotic Chi--square distribution. All other tests assume asymptotic normality.

Figure 02: LGGHE series on the level

Source: Eviews output

Figure 03: LGGHE series at first diference

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ADF - Fisher Chi-square PP - Fisher Chi-square	20,8744 41,1758	0.1049 0.0002	7	112	im, Pesaran and Shin Ri-stat ADF - Fisher Chi-souare	-2.49210 28.4311	0.0063	7	112 112	PP - Fisher Chi-square	62 1752	0.0000	7	119
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Source: Eviews output

Figure 04: LGDPC series on the level

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m, Pesaran and Shin W-stat	-2.31125	0.0104	7	119	Nult Unit root (assumes individ	fual unit root	process)			ADF - Fisher Chi-square	1,11458	1,0000	7	119
ADF - Fisher Chi-square	27.8817	0.0148	7	119	Im, Pesaran and Shin W-stat	2.68727	0.9964	7	119	PP - Fisher Chi-square	0.88543	1,0000	7	126
PP - Fisher Chi-square	14.7769	0.3936	7	126	ADF - Fisher Chi-square	2.77593	0.9994	7	119					
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Source: Eviews output

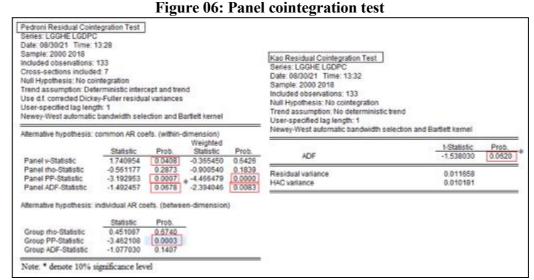
Figure 05: LGDPC series at first diference

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7	112	Levin, Lin & Chu t*	-3.96823	0.0000	7	112	Levin, Lin & Chu f*	-4.35848	0.0000	7	112
13.2		Breitung t-stat	-1.88646	0.0296	7	105					
)							Nult Unit root (assumes indi-	vidual unit root	process)		
5 7	112	Nult Unit root (assumes individ	dual unit root	process)			ADF - Fisher Chi-square	35.9219	0.0011	7	112
3 7	112	Im, Pesaran and Shin W-stat	-4.09416	0.0000	7	112	PP - Fisher Chi-square	61,3563	0.0000	7	119
7	119	ADF - Fisher Chi-square	45,0067	0.0000	7	112			0.00		20.00
an asymptotic	Chi	= PP - Fisher Chi-square	81.6754	0.0000	7	119					
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Source: Eviews output output

3.3.2. Panel Cointegration

PEDRONI (1999); proposed 7 tests for co-integration, including four co-integration tests for the panel based on the inside dimension, and three co-integration tests for the panel center as a group based on the between dimension). (**PEDRONI**, 1999, pp. 653-670)

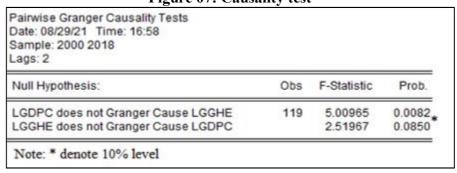


Source: Eviews output

As advised by (PEDRONI, 1999, pp. 653-670) and (KAO, 1999, pp. 1-44), for the I(1) variables, Pedroni and Kao panel cointegration tests were used for the purpose of investigating the long-run relationships between the variables. The outcome of the Pedroni panel cointegration test is summarized in figure 05, which indicates that 5 out of 11 statistics are significant at the 5 % level. This suggests that no cointegration null hypothesis can be rejected. The findings from the Kao panel cointegration test for model is in line with the findings from the Pedroni panel cointegration test as shown in figure 05. Hence, both results confirm the existence of a long-run cointegration relation between health expenditure and economic growth.

3.3.3. Causality test

Figure 07: Causality test



Source: Eviews output

Note: * 10% significance levels

Results indicate that variations in GDPC significantly lead to changes in GGHE, at the 5% level. <u>figure</u> 06 also reveals that changes in economic growth significantly result in variations in GGHE at the 10% level.

3.4. Panel data modeling and results

In the method of estimating the regression model using panel data can be done through three approaches, among others. (GREENE, Fifth Edition 2003, pp. 283-320)

3.4.1. Pooled Regression Model (PRM)

The form of panel data regression equation is similar to ordinary least square, ie:

$$y_{it} = \alpha_i + \sum_{k=1}^K x_{k,it} \beta_{k,i} + \varepsilon_{it} \cdots \cdots (01)$$

For i = 1, 2,, N and t = 1, 2,, T. Where N = Number of individuals or cross section and T is the number of time periods. From this model NxT can be generated equation, that is equal to T equation of cross section and as much N equation coherent time or time series The PRM is as follows:

Dependent Variable: LGDPC Method: Panel Least Squares Date: 08/29/21 Time: 13:15 Sample: 2000 2018 Periods included: 19 Cross-sections included: 7 Total panel (balanced) observations: 133 Variable Coefficient Std. Error t-Statistic Prob 4.879099 0.122459 39.84262 0.0000 LGGHE 0.724769 0.025045 28.93907 0.0000 0.864735 8.348504 R-squared Mean dependent var 0.863703 Adjusted R-squared 0.780012 S.D. dependent var S.E. of regression 0.287968 Akaike info criterion 0.362992 Sum squared resid 10.86328 Schwarz criterion 0.406456 22.13895 Hannan-Quinn criter. 0.380654 Log likelihood F-statistic 837.4700 **Durbin-Watson stat** 0.102837 Prob(F-statistic) 0.000000

Figure 08: Pooled Regression Model

Source Eviews output

According to the above output, the Summary of Regression Result Panel Data P R Model is:

- **R Square:** is the magnitude of the influence or ability of predictor variables simultaneously in describing the response variable, In this panel data regression, the R Square value is 0.8647, which means that the predictor variable is strong in explaining the response variable.
- **Prob** (F-Statistics): is the **p** value of the F test which is the significance level of the F value, that is to assess the simultaneous influence of the predictor variable to the response variable whether statistically significant or not. the value of p value is less than the critical limit eg 0.05 accepting H1. which means simultaneous influence of predictor variable to the response variable proved **statistically significant**.

4.3.2. Fixed Effect Model (FE)

This model assumes that differences between individuals can be accommodated from different intercept. To estimate Fixed Effects model panel data using a dummy variable technique to capture the differences between intercept countries. Nevertheless the intercept same between countries. This estimation model is often also called the technique of Least Squares Dummy Variable (LSDV).

The Fixed effect model differs from the common effect, but still uses the ordinary least square principle. The assumption of modeling that produces a constant intercept for each cross section and time is considered less realistic, so more models are needed to capture the difference. Fixed effects assume that differences between individuals (cross section) can be accommodated from different intercept. In order to estimate the Fixed Effects Model with different intercept between individuals, the dummy variable technique is used. Such estimation models are often referred to as the Least Squares Dummy Variable technique or abbreviated LSDV.

The regression equation of fixed effects model panel data is as follows: (KAMGNIA DIA, 2007, pp. 99-114)

$$y_{it} = \alpha_i + \sum_{k=1}^K x_{k,it} \beta_k + \varepsilon_{it} \cdots \cdots (02)$$

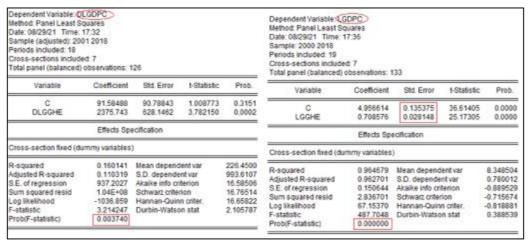
$$\begin{cases} H3: \begin{cases} \alpha_{it} = \alpha_i \\ \beta_{k,it} = \beta_k \end{cases} \\ H4: \varepsilon \sim iid(0, \sigma^2) \end{cases}$$

After adding the dummy variables d in Equation 02, the model becomes as follows:

$$y_{it} = \alpha + \sum_{j=1}^{N} \gamma_j d_j + \sum_{k=1}^{K} x_{k,it} \beta_k + \varepsilon_{it} \cdots \cdots (03)$$

The output of fixed is as follows:

Figure 09: Fixed Effect Model



Source: Eviews output

4.3.3. Random Effect Model (RE)

In the random effect model, residuals may be interconnected between time and between individuals or cross sections. Therefore, this model assumes that there is a difference of intercept for each individual and the intercept is a random variable. So in the random effect model there are two residual components. The first is the residual as a whole where the residual is a combination of cross section and time series. The second residual is an individual residual which is a random characteristic of the i-th unit observation and remains at all times. The regression equation of panel data of random effects model is as follows:

$$y_{it} = \alpha + \sum_{k=1}^{K} x_{k,it} \beta_k + u_i + w_{it} \cdots \cdots (04)$$

$$\begin{cases}
H3: \begin{cases} \alpha_{it} = \alpha \\ \beta_{k,it} = \beta_k \end{cases} \\
\epsilon_{it} = u_i + w_{it} \\
w_{it} \sim iid(0, \sigma_w^2) \\
u_i \sim iid(0, \sigma_u^2) \\
u_i \text{ et } w_{it} \text{ Indépendants} \end{cases}$$

The random effects model is sometimes called the Error Component Model because the model of Equation No. 04 contains two components of the error (GUJARATI, 2004, p. 650). Output random effect example is as follows:

Figure 10 : Random Effect Model

Dependent Variable: LGDPC

Method: Panel EGLS (Cross-section random effects)

Date: 08/29/21 Time: 13:55

Sample: 2000 2018 Periods included: 19 Cross-sections included: 7

Total panel (balanced) observations: 133

Swamy and Arora estimator of component variances

Variable	Coefficient	Std. Error	t-Statistic	Prob.	
С	4.951796	0.171252	28.91520	0.0000	
LGGHE	0.709583	0.027454	25.84582	0.0000	
	Effects Spe	ecification			
			S.D.	Rho	
Cross-section random			0.288435	0.7857	
Idiosyncratic random			0.150644	0.2143	
	Weighted	Statistics			
R-squared	0.837066	Mean depend	0.993207		
Adjusted R-squared	0.835823	S.D. depende	ntvar	0.370404	
S.E. of regression	0.150083	Sum squared	resid	2.950765	
F-statistic	673.0089	Durbin-Watso	0.373821		
Prob(F-statistic)	0.000000			Carrier and and and	
	Unweighted	d Statistics			
R-squared	0.864355	Mean depend	ent var	8.348504	
Sum squared resid	10.89377	Durbin-Watso	0.101256		

Source: Eviews output

4.3.4. Model selection

To select the most appropriate model, there are several tests that can be done, such as:

• Hausman Test

Hausman test is a statistical test to select whether the most appropriate Fixed Effect or Random Effect model is used. (**GREENE**, Fifth Edition 2003, p. 301)

H0: Select RE (p > 0.05)

H1: Select FE (p < 0.05)

Hausman test or often referred to as Hausman Test is a test used to determine the best method between fixed effect or random effect

Figure09: Hausman Test

Correlated Random Equation: Untitled Test cross-section ra		n Test		
Test Summary	Ch	i-Sq. Statistic	Chi-Sq. d.f.	Prob.
Cross-section rando	m	16.378561	1	0.0001
Cross-section rando	m effects test cor	mparisons:		
Variable	Fixed	Random	Var(Diff.)	Prob.
	12010000000000000000000000000000000000	CASSESSED FOR THE	61616161191112921	0-07700-07

Source: Eviews output

Which must be considered from the Hausman Test output with Eviews above, that is on the value that is in the red circle. The value is the p value of the test Hausman test which in this tutorial is worth 0.0000. P Value less than 0.05 then receive H1 which means the best method that must be used is « fixed effect from the random effect ».

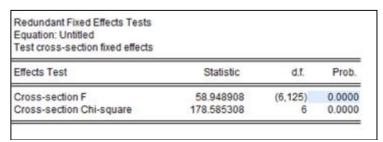
• Lagrange multiplier test (LM): is a test to determine whether Random Effect model is better than Common Effect (PLS) method used. (BREUSCH & PAGAN, 1980, pp. 239-254)

H0: Select CE (p > 0.05)

H1: Select RE (p < 0.05)

Lagrange Multiplier Test, or commonly referred to as Lagrangian Multiplier Test, is an analysis performed with the aim to determine the best method in panel data regression, whether to use common effect or random effect. The Lagrange Multiplier test has a function to determine the best estimate, whether using a random effect or not.

Figure 10: Lagrange Multiplier Test



Source: Eviews output

Value of P Value is shown by the number below which is 0.000 where the value is less than 0.05. So the Lagrange Multiplier Test indicates that receiving H1 which mean that the best estimation method is Random Effect.

5. CONCLUSION

We have seen that Health expenditure plays a key role in the economic improvement of emerging economies. When people in these countries become healthier, they Identifying the Causality Relationship between Health Expenditure and Economic Growth. In this study, we evaluate the relationship between economic growth and health expenditure in MENA's economy.

Within this context, this relationship is examined by using Pedroni panel cointegration and panel causality analysis. For this purpose, annual data for the years between 2000 and 2018 is considered to reach this objective.

We can summarize the results obtained through this study, as follows:

- 1- Hsiao's homogeneity test proved that the best model is **the fixed effects model**, and we also proved that it is the best with the Hausman test.
- 2- Results confirm the existence of a long-run cointegration relation between GDPC and GGHE.
- 3- Causality test reveals a mutual relationship between GDPC and GGHE. This result supports the feedback hypothesis.
- 4- Through the best model (**fixed effects model**), we conclude that GGHE signal is positive, and this is consistent with economic theory. From a statistical point of view, the model is acceptable because of the Ficher statistic (prob F-stat = 000.0), and in terms of explanatory power, we find that $R^2 = 0.96$ is very high, and even when we use stationary variables, the model remains acceptable.
- 5- The results also indicate the significance of the constant with different values of the constant from one country to another, due to the specificity of each country.
- 6- As for the logarithmic model, we note that more health government expenditure increase by 1%, more GDP per capita rise by 0.71%.

6. Bibliography List:

- 1. ARAUJO, C., BRUN, J.-F., & COMBES, J.-L. (2004). Econométrie. Bréal Edition.
- 2. B.H.thomas, R., D.ciliska, R., M.robbins, R., & S.micuccia, B. (2004). A process for systematically Reviewing the literature providing the research evidence for public health nursing intrventions. *world views*.
- 3. BANERJEE, A. (1999). panel data unit roots test and cointegration: an overview. *Oxford Bulletin of Economics and Statistics* (61), 607-630.
- 4. Bhargava, a., Jamison, D. T., Lau, J. l., & Murray, c. j. (2021). modeling the effects of health on economic growth. *journal of health economics*, 20 (03).
- 5. Bloom, d. E., Canning, D., Kotschy, R., Prettner, K., & Schunemann, J. (2019). health and economic growth:reconciling the micro and macro evidence. cambridge.
- 6. BREUSCH, T., & PAGAN, A. (1980). The LM test and its application to model specification in econometrics. *Review of Economic studies* (47), 239-254.
- 7. David E, B., David, c., & Jaypee, s. (2001). *The effect of health on economic growth: theory and evidence*. cambridge: national bureau of economic research.
- 8. GREENE, W. (Fifth Edition 2003). Econometric Analysis. New Jersey: Pearson Education.
- 9. GUJARATI, D. N. (2004). Basic Econometrics, Fourth Edition, . The McGraw-Hill Companies.
- 10. Gupta, i., & Mitra, a. (2004). economic growth, health and poverty: an exploratory study for india. *development policy review*, 22.
- 11. harold, a., jere R, b., & john, h. (2006). nutrition,malnutrition, and economic growth. Dans c. Guillem lopez, r. berta, & c. luis, *health and economic growth* (p. 169). united states of america: economia y salaud.
- 12. HSIAO, C. (third editon 2014). *Analysis of panel data*. Cambridge University Press.
- 13. KAMGNIA DIA, B. (2007). Point sur la dynamique de l'econométrie des données de panel. Dans B. BLANCHETON, & S. M. FOUDA, *L'actualite scientifique en economie: vue croisées froncophone* (pp. 99-114). paris: maisonneuve & larose.
- 14. KAO, C. (1999). Spurious regression and residual-based tests for cointegration in panel data. *Journal of Econometrics* (90), 1-44.
- 15. PEDRONI, P. (1999). Critical values for cointegration tests in heterogenous panels with multiple regressors. *Oxford Bultin of Economics and Statistics*, S1 (61), 653-370.
- **16.** strauss, j., & thomas, d. (1998). health,nutrition and economic development. *journal of economic literature*, 36 (02).