

REVIEWER'S REPORT

Manuscript No.: **IJAR-55488**

Title: Impact of Determinants of Healthcare Expenditure in India: The ARDL Bound Testing Approach

Recommendation:

Accept as it is

Accept after minor revision.....

Accept after major revision

Do not accept (*Reasons below*)

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity			✓	
Significance		✓		

Reviewer Name: Dr.P.Manochithra

Detailed Reviewer's Report

Title of the Manuscript

Impact of Determinants of Healthcare Expenditure in India: The ARDL Bound Testing Approach

General Evaluation

The manuscript investigates the determinants of per capita total healthcare expenditure and per capita out-of-pocket healthcare expenditure in India using annual time-series data from 1991 to 2023. The study employs the ARDL bounds testing approach along with FMOLS, DOLS, and CCR techniques for robustness. The topic is **highly relevant**, especially in the context of India's persistent reliance on out-of-pocket expenditure and recent policy emphasis on increasing public healthcare spending.

The paper demonstrates **sound econometric application**, adequate theoretical grounding, and policy relevance. However, the manuscript requires **substantial improvements in clarity, language, methodological justification, interpretation of results, and presentation** before it can be considered for publication.

Strengths of the Study

1. **Topical relevance:** The focus on India's dual healthcare financing structure (public vs. out-of-pocket) is timely and policy-significant.
2. **Long data period (1991–2023):** Provides robustness and captures structural changes in India's health sector.

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3. **Appropriate econometric technique:** ARDL bounds testing is suitable given mixed integration orders and small sample size.
4. **Disaggregated analysis:** Separate modeling of total health expenditure and out-of-pocket expenditure adds novelty.
5. **Robustness checks:** Use of FMOLS, DOLS, and CCR strengthens confidence in long-run estimates.
6. **Clear policy motivation:** Findings are linked to financial protection and public health funding needs.

Major Comments (Substantive Issues)

1. Abstract Needs Refinement

- The abstract is **too descriptive and grammatically weak**.
- Results are mentioned but **lack clarity regarding direction and magnitude**.
- Terms like "*negative impact*" are used without interpretation.
- Suggest rewriting with:
 - Clear objective
 - Methodology
 - Key long-run findings
 - Policy implications (1–2 lines)

2. Language and Grammar

- The manuscript has **frequent grammatical errors**, spacing issues, and awkward sentence constructions.
- Examples:
 - "spendingwith"
 - "causehouseholds"
 - "cab be defined"
- These errors **reduce academic credibility**.
- **Professional language editing is strongly recommended**.

3. Conceptual Clarification

- The distinction between **per capita total health expenditure** and **public health expenditure** is unclear.
- PCTHE is described as "public expenditure divided by population," but this is **conceptually inconsistent** with standard WHO/World Bank definitions.
- Authors must clarify:
 - Whether PCTHE includes private spending
 - Data source definition consistency

4. Literature Review Needs Strengthening

- Review is comprehensive but **largely descriptive**.
- Lacks:
 - Clear thematic grouping

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- Identification of **specific gaps**
- Explicit statement of **how this study extends existing literature**
- Recent India-specific empirical studies (post-2020) should be more critically discussed.

5. Methodology Section

- While econometric equations are detailed, the section is **overly lengthy and repetitive**.
- ECM and ARDL equations can be **condensed**.
- Justification for inclusion of variables such as **secondary education enrolment and hospital beds** should be strengthened theoretically.

6. Interpretation of Results

- Results are statistically presented but **economically under-interpreted**.
- Example:
 - Why does life expectancy negatively affect total health expenditure in the long run?
 - Why does inflation reduce out-of-pocket expenditure?
- These findings are counter-intuitive and **require deeper explanation** supported by literature.

7. Diagnostic and Stability Tests

- Diagnostic tests (serial correlation, heteroskedasticity, normality, CUSUM/CUSUMSQ) are not clearly reported.
- Stability tests are crucial for ARDL models and **must be explicitly shown and discussed**.

8. Policy Implications Section is Weak

- Policy discussion is brief and generic.
- Should clearly address:
 - How public spending can crowd-in/out private spending
 - Implications for Ayushman Bharat / National Health Policy targets
 - Fiscal sustainability concerns

Minor Comments (Technical & Presentation Issues)

1. Tables need **consistent formatting and numbering**.
2. Units and measurement scales should be clarified (especially for SE and UP).
3. Figures are unclear and poorly labelled.
4. JEL codes are appropriate but should be verified.
5. References require **uniform citation style** (APA/Harvard).

Recommendation

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Decision: Major Revision Required

The manuscript has **strong potential** and addresses an important research gap. However, due to issues related to language quality, conceptual clarity, interpretation of results, and presentation, **major revisions are necessary** before the paper can be reconsidered for publication.