***The Determinants of Health expenditure***

This paper actually shows how much money is spent by countries on health care. It studied 143 countries between 95 to 2008. By using fixed effect model and dynamic model to understand the spending trends.

* The study is suggested that healthcare spending does not grow faster than GDP and Richer countries spend more on health compare to poorer countries.
* The study also found that is does not matter much whether a country uses taxes or health insurance to fund health care-both systems have similar investment in health.
* External income such as aid from another country can reduce the cost of government but this is not huge.
* Govt pay for improving service and OOPS are higher in poorer countries.

Govt should spend more in health care so that OOPS can decrease.

***The effects of public and private health care expenditure on health status in sub-Saharan Africa***

This study shows how public and private and total health care expenditure effect the health status in sub-Saharan Africa. Here, life expectancy at birth, infant mortality rate and death rate was considered as health status. Fixed effect model and random effect model is used in this study to analysis the data and displayed in different table which is helpful for comparing result of both models. From the study we find that if private, public and total expenditure is increased the life expectancy of people from different age will increase around .7 years and infant mortality rates and crude death rate decreases around .6-.7 years.

So, In conclusion we can say that to improve health care status of a country for better health status. govt should give more focus on investing largely on health care expenditure.

***AN ANALYSIS OF THE CHARACTERISTICS OF PUBLIC HEALTH SYSTEM AT REGIONAL LEVEL USING PANEL DATA***

This study is aim to find the impact of decentralization on infant mortality as well as examining the role of factors like economic development, hospital resources and regional characteristics.

First this study finds that there is unequal distribution of health care system among different region. Some region less than 20% doctor. Then it suggests that there is no impact on infant mortality of decentralization.

By using fixed effect model due to significant different between regions in economic and social development and showed that infant mortality has a negative correlation with factors and regions are very different which affects health outcomes.

***Income inequality and population health: a panel data analysis on 21 developed countries***

This paper aims to find the relationship between income inequality and population health. Data was collected for 21 developing countries and used fixed effect model and random effect model for analysis the data. And after doing several tests they find out that the result from the random effect model is more accurate. The main findings from the study are:

* Income inequality and infant mortality has a good relationship. The higher the income inequality higher the infant mortality.
* Income inequality does not have any impact on life expectancy.
* GDP also show a good relationship with life expectancy and infant mortality. Higher the GDP higher the life expectancy and more less the infant mortality.
* Income inequality has also a impact on gender difference. Both young boys and girls are affected by income inequality till the age 15. The girls show no impact of income inequality but for the boys the impact goes on till age 50. This can be a topic of further research.

In conclusion, Govt should take necessary step to solve income inequality with countries. Because heath care system is related with this alarming issue.

***Determinants of Public Expenditure on Health in India: A Panel Data Analysis at Sub-National Level***

The study aims to investigates the factors influencing government health spending across 16 major Indian states from 1987 to 2012. The research explores whether political factors and fiscal capacity are more significant determinants of health expenditure than state income. Data for this study were collected from various government sources, including state finance reports.

The study employs **panel data regression techniques**, controlling for state-specific and time-invariant factors. Fixed effects and dynamic panel models (using the Arellano-Bond estimator) were applied to ensure robust results.

Findings from the study:

* political participation and fiscal capacity play a critical role in determining health expenditure. The results suggest that states with higher political engagement and better fiscal resources allocate more funds to healthcare, irrespective of their income levels.
* Additionally, health was found to be a "necessary good" rather than a luxury, as indicated by income elasticity estimates ranging between 0.16 and 0.59.